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ABSTRACT

Two studies comprise this report. The first paper, "Child Care Arrangements of Mothers in the Work Incentive Program," places particular emphasis on the mothers' patterns of utilization of various types of child care arrangements, the apparent adequacy of these arrangements, the degree of the mothers' satisfaction with them, and the extent to which child care affects the mothers' participation in the training program. The second paper, "The Child Care Partnership of Government and Family: A Case for Consumerism?", concerns the issue of the relative responsibilities and privileges of the welfare agencies versus the ADC (Aid to Dependent Children) parents. The two papers in this volume supplement a previous report submitted to the Manpower Administration of the Department of Labor entitled "Decision-Making in the Work Incentive Program." (CS)

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CHILD CARE
IN THE
WORK INCENTIVE PROGRAM

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A Report Submitted to
The Office of Research and Development
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The School of Social Service Administration
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July 1972

Preface

The two papers comprising this volume supplement a previous report, Decision-Making in the Work Incentive Program, which was submitted to the Manpower Administration in March, 1972. The focus of these papers reflect both the importance of child care in WIN and the authors' special interest.

Although the authors carried major responsibility for the analyses of the child care data and the report presented here, the study itself was very much a team effort involving the project staffs of the collaborating schools. The authors are indebted to all of their colleagues on these projects. The cooperation of the WIN and welfare offices in the three study locales (Chicago, Cleveland, and Detroit) and of the AFDC mothers who participated in the study is gratefully acknowledged. Special thanks go to the Office of Research and Development of the Department of Labor--particulary to Jesse Davis--for administrative assistance and financial support.

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CHILD CARE ARRANGEMENTS OF MOTHERS IN THE WORK INCENTIVE PROGRAM

Audrey D. Smith

CHAPTER I

PURPOSE OF STUDY

Large scale programs which either compel or encourage welfare mothers to work raise a number of issues concerning child care. The already pressing need for adequate day care facilities and services is intensified by such programs. So far, expansion of child care resources has not accompanied these efforts to train welfare mothers and place them on jobs. Particularly in view of this lack of provision of child care resources, several aspects of child care attain paramount importance. The most crucial aspect, in the opinion of the writer, is that of the adequacy of the child care arrangements available to and utilized by welfare mothers participating in work-training programs. The effect on children of their mother's absence from the home depends in large part on the quality of the substitute care. Another important aspect, not unrelated to the question of adequacy, is that of the mothers' satisfaction with their arrangements. Mothers cannot be expected to participate in training programs or the job market if they cannot find satisfactory child care. At the same time, the danger exists that some mothers may participate at the expense of their children's welfare.

This study explored child care in the largest work-training program for welfare mothers to date--the Work Incentive Program. Particular emphasis was placed on the mothers' pattern of utilization of various types of child care arrangements, the apparent adequacy of these arrangements, the degree of

the mothers' satisfaction with them, and the extent to which child care affects the mothers' participation in the training program.

Theoretical Model and Hypotheses

The initial purpose of this investigation was to test a set of interrelated hypotheses derived from a theoretical model of the participation in work-training programs of mothers on Aid to Families with Dependent Children (AFDC). The model, based upon findings from related research (presented in Chapter III) and upon a priori expectations, specified the relationship of three selected variables to AFDC mothers' participation in a work-training program.

From research on the characteristics of working mothers, reasons for their working, and on the employability of welfare mothers, it seemed reasonable to construct two profiles for the mothers in this study according to the degree to which they possess the attributes identified as favorable to employment. "Profile A" describes the mothers expected to have a higher level of participation in the Work Incentive Program (WIN), while "Profile B" describes those expected to have a lower level of participation. Compared to mothers in the latter group, "Profile A" mothers, according to this theoretical model, have a higher level of education, a more recent work history, fewer children, older children, children with fewer problems, and are more likely to have a relative living in the home who can care for the children. In addition, these mothers tend to be healthier, more energetic, aggressive, ambitious, independent, upwardly mobile and better organized. They are expected to be more highly motivated to work and to have more favorable attitudes about maternal employment, since they would be less likely to perceive such employment as having harmful effects on their children and homelife. In general, these women are more likely to have attributes generally associated with the middle

class and to have social and psychological reasons for working in addition to the predominant economic one.

Mothers who are highly motivated to work and well organized would be expected to make day care arrangements for their children which are more satisfactory to these mothers than is possible for their counterparts, with lower levels of these characteristics. In addition, "Profile A" mothers are more likely to have had previous experience with child care because of the greater likelihood of a recent job. We would expect child care arrangements made by these mothers to be more carefully planned, more stable, and more adequate for the children's needs. Contingencies are more likely to have been planned for in order to minimize disruption of the mothers' participation in the work-training program. Fewer problems with child care arrangements would be expected if there are fewer children in the family needing care and if these children are older and present relatively few special problems.

The same constellation of factors constituting "Profile A" would be expected to result in more positive attitudes about the work-training program. The ambitious, upwardly mobile, well motivated mothers would be more likely to perceive of the work-training program as a means of accomplishing their goals. Since these mothers have greater employment potential, they are more likely to benefit from the program and consequently to be better satisfied with it. The latter would reinforce their positive attitudes about the program. This chain of interrelated factors should logically result in active participation in the program until the mothers achieve their desired goals, unless these goals (particularly employment) can be achieved by a shorter route.

In addition to being related to the same configuration of traits, the two variables discussed above reinforce each other. If mothers cannot make satisfactory child care arrangements, they may reassess the value of the work

training program to them and may become ambivalent, or negative, about the program. By the same token, if mothers have unfavorable attitudes about the program or become disillusioned with it, this dissatisfaction may spread to their child care arrangements or they may use dissatisfaction with child care as an excuse to stop participating in the program. (Alternatively, highly motivated mothers may make a series of arrangements, if necessary, in order to be able to continue with the program.) Thus, both of these variables--level of satisfaction with arrangements and attitude toward the program--constitute potential barriers to participation in the work-training program.

In summary, the proposed model states that a specifiable configuration of characteristics of AFDC mothers exists which is related to both their attitudes toward the work-training program and to their satisfaction with child care arrangements. The latter two variables, which reinforce each other, are associated with the level of the mothers' participation in the work-training program. From the model the following three hypotheses were derived:

1. Degree of satisfaction with child care arrangements will be associated with certain characteristics of the mothers: specifically, degree of satisfaction will be associated positively with state of health, level of education, recency of work experience, attitudes about mothers' working, optimism about working, and middle class attitudes; and negatively with feelings of powerlessness, family size, age of children and number of children with special problems.
2. Satisfaction with child care arrangements and attitude toward the work training program are positively related.
3. The more satisfactory the child care arrangements are to mothers, the more likely they are to participate in the work-training program.

Study Questions

As the study progressed the writer became interested in questions concerning the nature and adequacy of the child care utilized by these welfare mothers. The question of adequacy could be considered independently of the mothers' report of satisfaction. Since the study design did not call for the collection of data related to the quality of child care, only gross evaluations of adequacy could be made. However, this concern led to a broader focus than the one expressed in the hypotheses which centered around the mothers' satisfaction with child care.

Accordingly, it was decided that in addition to the hypotheses the following questions would be addressed in the study: What types of arrangements are utilized by mothers and with what frequency? How adequate do these arrangements appear to be? Do arrangements for preschool age children seem more problematic than those for school age children? With what arrangements are the mothers best satisfied? least satisfied? What causes the satisfaction or dissatisfaction? What arrangements would mothers prefer?

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Significance of the Study

This study contributes knowledge to the field of social welfare about low income, predominantly black, employed mothers and their child care plans, a group often neglected in empirical studies. A knowledge of the child care arrangements AFDC mothers participating in work-training programs use and how satisfactory they are is valuable on three levels: (1) implementation of programs designed to provide training and employment for welfare mothers; (2) policy making and planning for economically dependent families; and (3) casework practice with mothers in the area of day care.

With reference to the first level, findings from this study have

implications for screening AFDC mothers for referral to and placement in work-training programs, for evaluating proposed child care arrangements, and for providing supportive services to these mothers. For example, if in the screening process unfavorable conditions are found, that is, factors associated with dissatisfaction that are identifiable at the time the referral is contemplated, greater efficiency in time and money for the agencies involved and less turmoil for the mothers and their children can result if these factors are taken into consideration.

An identification of the types of arrangements likely to prove satisfactory, unsatisfactory, or to be associated with certain problems would be valuable in evaluating plans mothers make for their children and in providing a basis for suggesting more adequate arrangements where needed. In addition, data on problems encountered in the use of substitute care would illuminate the kind of contingency planning needed, such as back-up day care arrangements. Initial counseling and planning along these lines would be especially helpful to women with little or no experience in the utilization of child care arrangements.

Since optimal child care arrangements are usually not available to this group of mothers, a knowledge of problems often associated with various kinds of arrangements might suggest the need for other supportive services such as on-going counseling or special arrangements for payment. While some auxiliary services may be needed regardless of the child care plan, the need for others may be associated with particular types of arrangements.

The issues of need for and utilization of day care centers have relevance for the implementation of work-training programs for welfare mothers. An identification of the factors associated with satisfaction, dissatisfaction, and with termination of arrangements may have implications concerning these

issues. Hopefully, knowledge of these mothers' concerns about child care would provide clues for gauging the extent to which day care centers would minimize dissatisfaction. For example, if mothers are primarily concerned about the reliability of the child care person, the lack of safety precautions, or irregularity in providing lunch, a well run day care center could be expected to meet these needs. If, on the other hand, mothers are concerned about such things as lack of individualized care for their children, non-relatives caring for the children, or having to transport the children from their homes, day care centers would not suffice. Of course, utilization of group centers would depend not only upon mothers' preferences, but also upon other factors such as the mothers' awareness of the existence of these facilities, availability of space as needed, proximity or convenience of location, hours covering the mothers' work day, and realistic fees for this group of mothers. While this study makes no attempt to measure the specific need for day care centers, indicators of utilization allow inferences to be made concerning probable need.

While all of the above considered separately have implications for policy decisions concerning various aspects of work-training programs for AFDC mothers, considering them in toto raises questions of the feasibility and desirability of these programs as presently conceptualized. Issues particularly needing further consideration are those related to compulsory aspects of participation in these programs and to the encouragement of mothers with young children to work. Ultimately, of course, our basic concepts of welfare and of the value of work come into question.

In addition to providing knowledge for those concerned with welfare mothers in work-training programs, findings from this study should have value for caseworkers, administrators, and program planners concerned with day care. Insights into the needs, problems, and concerns these mothers have related to

child care can help provide practical guidelines for the further development of casework content and skills, service delivery, and planning in this social work specialty. Increased knowledge and skills in working with low income families in the area of day care could make a vital contribution to the profession of social work, particularly casework practice.

Definitions

The term child care arrangement is used in this study to refer to any plan of care for children 12 years of age or younger (unless otherwise noted) while the mother is away from home for a period of time, excluding hours when the child is in school. Included in this definition are day care arrangements,[1] care by other persons in the child's home, and self care, that is, the child's being left to care for himself. Substitute child care arrangements in which the child goes to live, permanently or for an extended period of time, with persons other than his own parents, are not included.

Satisfactory child care arrangements refer to those the mother has rated as such or about which she has expressed no negative concern. Unsatisfactory arrangements are those rated as unsatisfactory by the mother or those about which the mother has indicated negative concern. These concerns may be related to such diverse factors as care received, transportation, cost or payment provisions, physical facilities, and feeling of separation on the part of the child or mother.

Level of participation in WIN refers to the extent to which a mother

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[1] A 1967 publication of the Welfare Council of Metropolitan Chicago, Day Care for Children in Chicago: Needs and Resources by Community Areas, Publication No. 1025, (Chicago: Welfare Council of Metropolitan Chicago, 1967), p. 1, defines day care as referring to "a wide variety of arrangements for the supervised care of children away from their homes, for part or all of the day, when parents or guardians are obliged or wish to delegate responsibility for their care."

actively takes part in some aspect of the program, whether this is participation in an educational or job training program, employment obtained through WIN, or involvement in a preliminary stage such as orientation or counseling. A scale was constructed for level of participation ranging from minimal involvement in WIN to active and continuous participation in components of the program.

Organization of Report

Since this research was conducted within the context of a particular program, Chapter II describes the Work Incentive Program as it relates to AFDC mothers. Chapter III contains a summary of other research of concern in this study. The research design and method are found in Chapter IV. The sample of AFDC mothers is described in Chapter V. The findings are presented in Chapters VI through IX. Chapter VI contains the results of the hypotheses testing; Chapter VII describes the utilization pattern of current child care arrangements, including comments on adequacy; Chapter VIII presents data on the mothers' level of satisfaction with current and terminated arrangements; and Chapter IX attempts to relate child care to the mothers' participation in WIN. In Chapter X, a new theoretical model is presented, recommendations concerning needed child care services are made, and suggestions for further research are given. The final chapter, Chapter XI, contains a brief summary of this study.

CHAPTER II

THE WORK INCENTIVE PROGRAM

During the past decade efforts to reduce the rapidly increasing welfare rolls and costs through work and training programs received major emphasis. In spite of the extremely modest success of earlier efforts in helping welfare recipients to become self supporting, larger and more elaborate work-training programs continue into the 1970's. Two major national efforts in the past were the Community Work and Training Program established by the 1962 amendments to the Social Security Act and the Work and Experience Training Program legislated in 1964 as part of the Economic Opportunity Act. Both programs, under the auspices of the Department of Health, Education, and Welfare, attempted to help welfare recipients attain employment by providing education and job training for them. This effort was expanded in the current Work Incentive Program (WIN), established by the 1967 amendments to the Social Security Act[1] and sponsored jointly by the Department of Labor and the Department of Health, Education, and Welfare. This trend will continue with strengthened incentives and requirements under recent and pending legislation. The Talmadge Amendment[2] recently passed by Congress strengthens WIN's compulsory features and broadens its scope. Under its provisions, which take effect July 1, 1972,

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[1]Act of Jan. 2, 1968, U.S. Pub. L. No. 90-248, tit. II Stat. 877 amending 42 U.S.C. §§601-1396 (1964) (codified at 42 U.S.C. §§601-1396 [Supp. IV, 1965-1968]).

[2]U.S. Pub. L. No. 92-223, §§400-444 (December 28, 1971).

all AFDC mothers with children over six years of age will be required to register with their state employment service. More emphasis is to be placed on public service employment and on-the-job training. Federal funds can be used to subsidize the wages of an enrollee in a public service job up to three years. An enlarged program very similar to WIN is planned as a part of Nixon's welfare reform package which is currently pending in Congress.[1]

These work-training programs represent a major shift in governmental policy concerning the employment of AFDC mothers. Under the Social Security Act of 1935, financial assistance was provided to mothers in fatherless families to enable them to remain at home to care for their children. By 1962, AFDC mothers were being encouraged to work and pending legislation promises to require welfare mothers, with the exception of those with very young children, to participate in job training or the labor market. This policy change is viewed as the response of Congress to the dramatic increase in the AFDC rolls and to the altered composition of AFDC families. The white, widowed, AFDC mothers have been largely replaced by divorced, separated, deserted, and unmarried mothers, a large proportion of whom are black.

WIN, the program of interest in this study, is a comprehensive federal manpower program. Its primary purpose is to reduce the number of AFDC recipients by restoring as many of these individuals as possible to a wage-earning and financially independent status. The major components of the WIN program are: (1) placement in employment of those deemed employable or merely in need of on-the-job training, (2) work-training programs, and (3) special work

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[1]U.S., Congress, House, Committee on Ways and Means, Social Security Amendments of 1971, H.R. Rep. No. 92-231, 92d Cong., 1st sess., 1971, and U.S., Congress, Senate, Committee on Finance, H.R. 16311: The Family Assistance Act of 1970, Revised and Resubmitted to the Committee on Finance by the Administration, 91st Cong., 2d sess., 1970.

projects for those enrollees for whom no jobs can be found in the regular economy. Financial incentives and other needed services, such as employment counseling, child care, and medical services are provided to the participants by the collaborating organizations. At the local level, welfare agencies are responsible for referring AFDC recipients to WIN and providing social services, while the employment security agencies are in charge of the operation of the WIN program.

The WIN program is operative in all states (except New Hampshire) and in every major city in the United States. By March, 1971, over 250,000 persons had been enrolled in WIN.[1] The current enrollment as of that date was over 100,000, two-thirds of whom were women.

Fathers on Aid to Families with Dependent Children-Unemployed (AFDC-U) are mandatory referrals to WIN. The legislation permits welfare departments some discretion as to which AFDC mothers to refer. That is, although volunteer mothers are specifically mentioned in a list of referral priorities, this list concludes by specifying that all other AFDC recipients (including non-volunteer mothers) determined by the states to be appropriate can be referred to WIN. This discretion has been exercised by welfare departments in different locales at various times and by individual caseworkers within the same agency.

Equally ambiguous, as far as the legislation is concerned, is whether AFDC mothers who are referred to WIN are required to participate in the program

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[1]U.S. Department of Labor, Manpower Administration, "Table 18--Cumulative Enrollments and Terminations and Current Enrollment by Region, State and Project as of 02/28/71." Monthly report on the Work Incentive Program, planographed (Washington, D.C.: Office of Manpower Management, Division of Reports Analysis, March 31, 1971).

under threat of loss of their portion of the public assistance grant. In this matter, the WIN team apparently has discretionary power, as enrollees can be terminated "with just cause." Even if a mother is terminated "without just cause," it is quite possible--even likely--that no further action will be taken.

Perhaps a key to understanding this ambiguity in policy and inconsistency in implementation lies in the legislation and policies concerning child care. Guidelines of the Department of Health, Education, and Welfare specifically exempt mothers from participation in WIN if adequate child care services are not available. The Department of Health, Education, and Welfare regulations attempt to define adequacy rather broadly. For example, the regulations state that out-of-home child care services must meet state and federal licensing requirements and in-home care must meet state standards which are to be reasonably in accord with the recommended standards of related national setting organizations, for example the Child Welfare League of America. They further specify that the care should be "suitable" for the individual child and that the parents must be involved and in accord with the type of care provided. Handler and Hollingsworth interpret this last provision as tantamount to giving the mother veto power over the referral decision (and, it could be added, over the decisions about continued participation). These authors believe that, in practice, the mother's refusal of a type of child care provided will have to be "reasonable," thus providing some leeway for state and local administrative discretion.[1] Basically, however, the regulations seem to imply that the mother is the final judge of the desirability of arrangements for the care of her children.

Generally, the initial step in the referral procedure involving an

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[1]Joel F. Handler and Ellen Jane Hollingsworth, The "Deserving Poor" (Chicago: Markham Publishing Company, 1971), pp. 154-56.

AFDC mother consists of the welfare caseworker's discussing WIN and the possibility of referral with the mother. At this time the mother's health and possible child care plans are discussed. If the mother is considered appropriate for WIN by the caseworker and usually with the mother's concurrence, referral forms are filled out and sent to WIN. Sometime prior to enrollment in WIN, the mother receives a physical examination and her child care plans are approved by the caseworker.

Unfortunately, resources are often lacking for optimal planning of child care arrangements. Licensed day care facilities are in short supply in most communities. According to the 1967 Social Security Amendments which established WIN, local welfare departments were to be required to provide day care centers for the children of mothers who were training or working. However, since Congress failed to appropriate funds for the construction and operation of these facilities, few new day care centers were built. For the most part, mothers participating in WIN are left to find their own child care resources.

Enrollment in WIN may take place immediately after referral or may be as long as a year later, depending on the particular WIN program. Notification of the initial appointment at the WIN office is sent by mail to the mother. In that interview, the WIN program is explained and the mother is officially enrolled in the program and assigned to a WIN team.

Usually the mother is given some type of orientation which includes advice on grooming and work prerequisites. In addition, the mother is counseled by one or more of her WIN team members concerning her vocational goals and the requirements for meeting these goals. For many mothers, the first step in the training process involves some form of remedial education, often preparation for the General Education Diploma (GED), the equivalent of a high

school diploma. After obtaining the GED, the mother goes into a specific job training program in an institutional setting such as a practical nursing program or a secretarial school. When the training is completed, WIN attempts to place the mother in a job and, if successful, follows up by checking with the mother at least twice during the first six months on the job.

Many variations in the above pattern occur. For example, some mothers do not get remedial education but go directly into a job training program; some mothers go through two or more job training programs prior to a job placement. Usually there is a "holding" period--a wait of a few days to a few months--between each of the components in which an enrollee participates. A mother may have to wait, for example, until a particular training program starts or until a job is found for her.

The holding category can create special problems for the enrollee. Extensive or frequent periods of inactivity may cause her to become discouraged or disillusioned with the program. In addition, certain hardships may result as often the incentive payment and other supplementary payments such as those for child care or transportation are suspended while the enrollee is in hold. Child care arrangements are not infrequently lost because the mother is placed in holding.

National statistics indicate that as of the end of 1970, fewer than 20 per cent of the AFDC mothers terminating from WIN were placed in jobs. A portion of the 80 per cent of mothers terminating without jobs may have obtained jobs on their own. The former group of mothers--the "successful terminees"--spend an average of 38 weeks in WIN, while the latter group remain in the program less than 25 weeks on the average.[1]

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[1]Analytic Systems Incorporated, "Abstract of Final Report on the Analysis of WIN Automated Termination Data." Report prepared for the Office of Policy, Evaluation and Research, Manpower Administration, U.S. Department of Labor, November 9, 1970, pp. 2, 4a. (Planographed.)

CHAPTER III

RELATED RESEARCH

A search of the literature yields only limited information concerning child care utilized by welfare mothers. Much has been written about the employability of welfare mothers, Headstart, and other early childhood developmental programs for culturally deprived children, and the need for day care for working mothers regardless of income level. However, most of the studies dealing with why mothers work, the effects of maternal employment on children, and child care arrangements have concentrated on the white middle class. Blacks are often not included in these studies for purposes of homogeneity; that is, racial factors would be expected to account for some of the variance in the variables under study. In spite of such obvious limitations, these studies provided ideas and clues helpful in formulating the hypotheses that were tested in this study with low income, black families.

Research on working mothers and their children is increasing in response to the growing trend of employment of women with minor children. According to statistics compiled in 1969 by the U.S. Women's Bureau, the number of working mothers has increased sevenfold since 1940 and has doubled since 1950. In March, 1967, almost 11 million mothers with children under 18 years of age were working. A 43 per cent increase had been projected for the decade 1970-80 prior to the advent of the Work Incentive Program (WIN), the Concentrated Employment Program (CEP), and the proposed Family Assistance Program

(FAP). These governmental programs may expand the projected figure by increasing the number of low income women in work training programs and in the labor force.[1]

Characteristics of Working Mothers

Empirical research on employed mothers and their child care arrangements has dealt primarily with white, middle class, intact families--characteristics of the majority of contemporary working mothers. According to a national survey, 85 per cent of the working mothers in 1965 were white, 84 per cent were married and living with their husbands, 67 per cent had 12 or more years of education, and 57 per cent had family income of $6,000 or over.[2] This differs sharply from the prototype of the employed mother prior to World War II--a woman from the lowest socio-economic stratum, with little education, with several children, forced into an unskilled, physically tiring, low-paying job by direct economic necessity.[3] It also provides a stark contrast to the mothers of interest in this study, all of whom are on welfare and the large majority black and husbandless.

More important for purposes of this study than profiles of the working mother is information on characteristics identifying which mothers are most likely to work. Nye and Hoffman, in a comprehensive summary of research on employed mothers, state that working mothers compared to non-working mothers

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[1]U.S. Department of Labor, Women's Bureau, Wage and Labor Standards Administration, Facts About Day Care (Washington, D.C.: Government Printing Office, 1969), p. 1. (Mimeographed.)

[2]Seth Low and Pearl G. Spindler, Child Care Arrangements of Working Mothers (Washington, D.C.: Government Printing Office, 1968), p. 3.

[3]F. Ivan Nye and Lois W. Hoffman, The Employed Mother in America (Chicago: Rand McNally & Co., 1963), p. 9.

have fewer children, older children, husbands who are more active in household and child care tasks, outside relatives living with the family, attitudes favorable to employment, residence in communities where jobs for women are available, and higher education.[1]

Ruderman, who conducted a recent major study on child care arrangements and working mothers, agrees with these differentiating characteristics. She adds other factors associated with maternal employment such as race and marital status. Overall, black mothers are more likely to work than white mothers. Ruderman found that an interesting relationship existed when race and income or socio-economic status (SES) levels were considered together. The rate of maternal employment among whites declined as income and SES level rose, but the reverse occurred among blacks. With whites, the highest rate of employment is found among Jewish mothers and the lowest among Catholics. Divorced, separated, single, and widowed mothers are more likely to work than are married mothers living with their husbands.[2]

Why Mothers Work

The rise in maternal employment since World War II has been discussed at length in the literature and employed mothers have been queried about their reasons for working.[3] This upsurge in employment is viewed as a complex phenomenon related to many other changes in our society, particularly social, cultural, economic, and technological ones. These changes include an expanding

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[1] Ibid., p. 37.

[2] Florence A. Ruderman, Child Care and Working Mothers (New York: Child Welfare League of America, Inc., 1968), pp. 145-46.

[3] For example, see Carl N. Degler, "Revolution Without Ideology: The Changing Place of Women in America," Daedalus, XCIII (Spring, 1964), 653-70; Ruderman, Child Care and Working Mothers, pp. 3-6; and, Nye and Hoffman, The Employed Mother, pp. 3-63.

economy, industrialization, more white collar jobs, increased leisure time, rise in the educational level of women, smaller families, and more liberal, permissive, and equalitarian attitudes regarding family life.[1]

Generally, empirical studies show that, on the individual level, the single most important reason for mothers working is economic. Ruderman found, however, that this is rarely the only reason. Even with the poorest mothers, where economic motives were of paramount importance, social and psychological reasons for working were cited by the mothers themselves. Examples of non-economic motives were, "Like to get out," "Want to be with people," and "Enjoy the work."[2]

On the lower class level working mothers were found to be more "material minded" and ambitious than non-working mothers. The former were more likely to possess tendencies generally associated with the middle class, such as being more organized or more likely to plan, more likely to belong to organizations or clubs, and more likely to express independent or nonconventional views on family life and women's roles. Work tended to draw women on this class level into the wider society, exposing them to a wider range of activities and interests, and to some extent assimilated them and their families to middle or upper class norms and values.[3]

Nye and Hoffman present an excellent, and more detailed, discussion on why mothers work. Motives are divided into three groups, all interrelated: monetary, social role (housewife and mother roles), and personality factors. The authors suggest that even the economic motive is complex as it may relate

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[1]Ruderman, Child Care and Working Mothers, pp. 4-5.

[2]Ibid., p. 1.

[3]Ibid, pp. 203-204.

not only to actual financial need but to perceived financial need or financial desires, thus involving the element of upward mobility. The influence of the Protestant ethic and notion that time has monetary value help give psychological meaning to the earning of a paycheck. Unlike the role of housewife, the mother role is creative and often a void is left when the youngest child enters school. Personality factors acting as motivators are a high need for achievement, for living up to one's creative potential, and for gratification (which implies nonacceptance of one's personal status quo and acting to change it).[1]

The results of these studies suggest some dimensions along which women can be measured in efforts to assess their level of motivation to work. This was important for the present study since the mother's motivation to work was expected to be closely associated with satisfaction with child care. In spite of similarities that may exist among AFDC mothers participating in WIN, levels of motivation and reasons for wanting to work could be expected to vary.

Whether or not welfare mothers as a group are motivated to work is not in question. Abundant empirical evidence exists to dispel the myth that welfare recipients lack such motivation.[2] Leonard Goodwin concluded from his study of work orientations that welfare recipients participating in WIN "have the same dedication to the work ethic as persons from families whose members work regularly. That is, the poor of both races and both sexes identify their self-esteem with work to the same extent as nonpoor persons do."[3]

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[1]Nye and Hoffman, The Employed Mother, pp. 23-38.

[2]See, among others, Leonard Goodwin, A Study of the Work Orientations of Welfare Recipients Participating in the Work Incentive Program (Washington, D.C.: The Brookings Institution, 1971); Betty Burnside, "The Employment Potential of AFDC Mothers in Six States," Welfare in Review, IX(July-August, 1971), 19; Genevieve W. Carter, "The Employment Potential of AFDC Mothers," Welfare in Review, VI(July-August, 1968), 2; and, William L. Pierce, "Day Care in the 1970's: Planning for Expansion," Child Welfare, L(March, 1971), 161.

[3]Goodwin, Work Orientations of Welfare Recipients, p. 2.

Employability of AFDC Mothers

The emphasis within the last decade upon work training programs for welfare recipients has precipitated interest in assessing the employability of AFDC mothers. Studies in the early 1960's found 7 to 30 per cent of AFDC mothers employable, depending upon criteria used to assess employability and the region in which the study was conducted.[1] More recent studies tend to be reluctant to give percentage estimates in recognition of the complexities involved. For example, Levinson separates the concept employability into its two aspects--employment potential and employment barriers.[2] Based upon data from several studies conducted by the Social Rehabilitation Service of the Department of Health, Education, and Welfare, Levinson found that 44 per cent of AFDC mothers have high employment potential when measured by background conditions a prospective employer is likely to use in evaluating a job application, such as level of education and type of previous employment. However, less than 2 per cent of the AFDC mothers with high and low employment potential are free of employment barriers, that is, conditions which could prevent one from even applying for a job. Three or more of the following "barriers" were found to exist with as many as two-thirds of the women: poor general health, serious health problems, low motivation to work, poor availability of day care, dissatisfaction with day care, young children, poor labor market, needed at home, needed to care for ill or aged family member, low self-esteem, a high degree of alientation and feelings of powerlessness. In another study, Burnside found that most AFDC women in six states surveyed were either employed or

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[1]For example see, Deton J. Brooks et al, A Study to Determine the Employment Potential of Mothers Receiving Aid to Dependent Children Assistance (Chicago: Cook County Department of Public Aid, June, 1964), pp. 88, 92.

[2]Perry Levinson, "How Employable Are AFDC Women?" Welfare in Review VIII(July-August, 1970), 12-17.

potentially employable if certain conditions could be met.[1] She found, as have other researchers, that the major obstacles to employment were poor health and domestic responsibilities, primarily child care. Carter points out that an examination of the employment potential of AFDC mothers that is limited to women currently receiving assistance can be a narrow and misleading approach.[2] Current AFDC mothers are a part of a larger population-at-risk--a group of unskilled or marginally skilled women involved in an irregular, low paying, dead-end job economy. The turnover rate for AFDC recipients is over one-third each year.[3] The game of musical chairs played by these women, often without choice, suggests that not only must this larger population-at-risk be considered in determining rates of employability, but that this broader perspective must also be taken in attempts to assess the number of jobs available to AFDC mothers and the extent of need for day care.

Hausman, among others, points out another complication involved in the determination of employability of AFDC mothers--that of the welfare tax rate.[4] "Welfare tax rate" was defined as the rate at which assistance benefits to a family decline as the earned income increases. A 100 per cent tax rate means that all of a mother's earnings are deducted from her welfare grant, thus allowing for no work related expenses or child care. Under high welfare tax rates, AFDC mothers may be better off financially on welfare without trying to work in the low paid, marginal, job market open to them. Hausman concluded

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[1]Burnside, "Employment Potential of AFDC Mothers," p. 19.

[2]Carter, "The Employment Potential of AFDC Mothers," p. 2.

[3]Irene Cox, "The Employment of Mothers As a Means of Family Support," Welfare in Review VIII(November-December, 1970), 14.

[4]Leonard J. Hausman, The Potential for Work Among Welfare Parents (Washington, D.C.: Government Printing Office, 1969), p. 11.

from his survey that the proportion of employable AFDC mothers could possibly rise to a little over half if the welfare tax rates were favorable. Under these conditions many AFDC recipients would continue to need supplementary financial assistance, however.

In addition to studies of employability of welfare mothers, research has been done on the outcomes of work training programs. In summary, research and experience indicate that the goal of these programs--financial independence--is not a feasible one for the overwhelming majority of participants. Hausman, for example, concluded prior to WIN that training programs enable relatively few AFDC recipients to become financially self-sufficient, that is, no longer eligible for any AFDC benefits. National statistics on WIN are consistent with the above finding. Fewer than 20 per cent of the women who had terminated from WIN by June, 1970, obtained jobs.[1] A special six-state Department of Labor survey found that less than 10 per cent of the women who found employment through WIN had sufficient earnings to be ineligible for assistance.[2] As if anticipating its failure to attain its primary goal of financial independence, the Work Incentive Training Act declared that welfare mothers "will acquire a sense of dignity, self-worth, and confidence which will flow from being recognized as a wage earning member of society and that the example of a working adult in these families will have beneficial effects on the children in such families."[3] Some researchers have alluded to the possibility of other

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[1]Analytic Systems Incorporated, "Analysis of WIN Program Termination Data (Fiscal Year 1970)." Report prepared for the Office of Policy, Evaluation and Research, Manpower Administration, U.S. Department of Labor, May, 1971. (Mimeographed.)

[2]Stephen S. Gold, "Comment: The Failure of the Work Incentive (WIN) Program," University of Pennsylvania Law Review CXIX(January, 1971), 499.

[3]U.S., Congress, House, Compilation of the Social Security Laws: Including the Social Security Act, as Amended, and Related Enactments Through

benefits--psychological, social, and cultural--to be derived from employment. To illustrate, Brooks suggests that the rehabilitation involved in returning mothers to employment, albeit low paying, would still serve the purpose of developing social awareness.[1] Research is needed to ascertain if such benefits do, in fact, result from work training programs and particularly to weigh whatever benefits occur against any detrimental effects that may result to the family, particularly any adverse effects on the children resulting from their mothers' employment.

Effects on Children

While much research has been done on the effects on children of maternal employment, the results have been inconsistent and inconclusive. The most extensive collation of studies in this area is contained in Nye and Hoffman's The Employed Mother in America. These authors, and others reviewing research in this area, conclude that the concept of maternal employment is broad and complex and that researchers often fail to use adequate controls.[2] They recommend discarding research designs comparing undifferentiated groups of working and non-working mothers relative to various aspects of family behavior. Typical of the more sophisticated approaches suggested is that of Hoffman who proposed separating mothers into subgroups on the basis of social class, full-time versus part-time maternal employment, age of child, sex of child, and mother's attitude

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January 2, 1968, Vol. I, 90th Cong., 2d sess., §430, pp. 192-93.

[1]Brooks, Employment Potential of Mothers Receiving Aid, pp. 105-106.

[2]For example, see Elizabeth Herzog, Children of Working Mothers, United States Department of Health, Education, and Welfare, Children's Bureau Publication, No. 382 (Washington, D.C.: Government Printing Office, 1960); Lois Meek Stolz, "Effects of Maternal Employment on Children: Evidence from Research," Child Development XXXI(December, 1960), 749-82; and, Marvin B. Sussman, "Needed Research on the Employed Mother," Marriage and Family Living XXIII(November, 1961), 368-73.

toward employment. Previous studies had indicated that children of working and non-working mothers differed when data were examined separately within the subgroups proposed by Hoffman.[1]

Herzog and Lewis restate the case about harm done to children by maternal employment as follows:

> Today there is impressive consensus that a mother's outside employment is not in itself the critical variable. The view is rather that the impact on the child depends on a great many other things which, in turn, are affected by each other. These include the mother's individual makeup and temperament, her physical stamina, her attitude toward working or not working, the child's perception of why she has a job, the child's age, sex, and special needs and above all the arrangements she is able to make for his supervision while she is away from home.[2]

The importance of adequate child care arrangements is a recurrent theme throughout the literature. Guidelines have been developed for evaluating the adequacy of various kinds of child care arrangements--notably group care.[3] Research has indicated that the quality of care provided children while their mothers work is a decisive factor in the effect of the mother's employment on the child,[4] but few studies have related the effects on children to the quality of care. One of the few studies on mother substitutes utilized by working mothers was done by Perry in 1960. It was found that employed mothers have a conception of the desirable characteristics of a mother substitute which are met fairly well in reality. The most important qualities mothers wanted in a substitute include: likes children, is able to control them, and has good

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[1]Nye and Hoffman, The Employed Mother, p. 191.

[2]Elizabeth Herzog and Hylan Lewis, "Children in Poor Families: Myths and Realities," American Journal of Orthopsychiatry XL(April, 1970), 384-85.

[3]For example, see, Child Welfare League of America, Committee on Standards for Day Care Service, Child Welfare League of America Standards for Service, Rev. ed. (New York: Child Welfare League of America, Inc., 1969).

[4]Low and Spindler, Child Care Arrangements, p. 1.

character, which was defined to mean being dependable, responsible, trustworthy, and conscientious. The author concluded that the treatment of the children was not very different from what they would have received if their mothers were not working. Few changes in child care arrangements were made because the mother was dissatisfied with the mother substitute's care. The most common reasons for changing were such practical ones as the mother's or the substitute's moving, the mother's needing a sitter closer to home, or after staying home with a new baby, the mother's hiring a different substitute. Some changes occurred because the substitute had been employed on a temporary basis or because the substitute felt the pay was inadequate.[1]

Although the effects of maternal employment on children is a crucial issue, it could not be dealt with adequately in the present study. However, no study of child care arrangements could fail to be cognizant of or unconcerned about this issue, particularly in view of the current theory that these arrangements are a major determinant of the impact on children of their mother's working. Since it was expected that many of the mothers in the study would be concerned about how their children were being affected, an attempt was made to elicit the mothers' perceptions in this area. In addition, the implications of certain child care arrangements on the child's well being seemed quite apparent.

Child Care Arrangements of Working Mothers

Many national and local studies have been made to ascertain the types of child care arrangements working mothers use and to document the need for

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[1]Joseph B. Perry, Jr., "The Mother Substitutes of Employed Women: An Exploratory Inquiry," Marriage and Family Living XXIII(November, 1961), 362-67.

additional day care facilities.[1] Low and Spindler present data obtained in 1965 from a national survey of child care arrangements of the 12.3 million children under 14 years of age whose mothers had worked full- or part-time for at least six months of the previous year. Information obtained was in response to the question of who usually looked after the child while the mother worked; if more than one arrangement was used for a child the dominant one was selected. In another study, Ruderman surveyed families with at least one child under 12 years of age in seven communities representative of different areas of the country. Data were obtained about arrangements used on specific recent work days and on multiple arrangements where they occurred. Findings from these two studies were not dissimilar.

Generally, the majority of working mothers used in-home arrangements for their children's care. The caretakers involved were usually fathers and other relatives, particularly grandmothers. The most frequent out-of-home arrangement used was care in a relative's home; however, homes of neighbors, friends, and babysitters were also used for a substantial proportion of children. Older siblings, half of whom were under 16 years of age, frequently provided care in the home and 7 to 8 per cent of the children were left alone. Rarely were formal group care facilities used. Other types of arrangements used include care by neighbors, friends, babysitters, and housekeepers in the child's home and by mothers themselves at their place of employment.[2] Sometimes special arrangements were not needed because the mother was away from

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[1]Major studies include Henry C. Lajewski, Child Care Arrangements of Full-Time Working Mothers, United States Department of Health, Education, and Welfare, Children's Bureau Publication 378 (Washington, D.C.: Government Printing Office, 1959); Low and Spindler, Child Care Arrangements, and, Ruderman, Child Care and Working Mothers.

[2]Ruderman, Child Care and Working Mothers, p. 263.

home only during the child's school hours.

Child care arrangements were found to vary when mothers and children were separated into subgroups. Low and Spindler found the following factors influential: extent of mother's employment, child's age, race, mother's marital status, her education and occupation, and family income.[1] Ruderman found that striking differences appeared by race, socio-economic status (SES), and region or community. For example, black children were more likely than white children to be involved in multiple arrangements (that is, two or more arrangements needed to cover the period of the mother's absence), were less often cared for by their fathers, were more likely to be cared for out of the home and by non-relatives. Low SES children were largely cared for by relatives while high SES children were likely to be cared for by non-relatives, such as maids, babysitters, neighbors, and friends.[2] Children whose mothers were divorced, separated, widowed, or never married were more likely to care for themselves or be cared for in groups in homes and in day care facilities than were children whose mothers were married and living with their husbands. The latter children were more often cared for by one of their parents than were the former.[3]

Mothers' Satisfaction and Dissatisfaction with Various Arrangements

Low and Spindler, in a brief query of mothers concerning the satisfaction level of their child care arrangements, found that mothers reported satisfaction in the case of 92 per cent of the children, some dissatisfaction in 7 per cent, and much dissatisfaction in only 1 per cent. Dissatisfaction was

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[1]Low and Spindler, Child Care Arrangements, p. 16.

[2]Ruderman, Child Care and Working Mothers, pp. 236-38.

[3]Low and Spindler, Child Care Arrangements, pp. 15-19.

reported most often by full-time working mothers, by mothers without husbands, by mothers in low income families, and by mothers concerning care of pre-school-aged children. Arrangements resulting in dissatisfaction most often, in order of decreasing dissatisfaction, were: care in own home by relative under 16 years of age (usually a sibling), self-care, and group day care arrangements. Dissatisfaction was greater when the child was cared for in someone else's home rather than in his own. The kinds of dissatisfaction reported and their frequency of occurrence were as follows:

1. Reasons not directly related to quality of care (e.g., too expensive, problems with transportation)--20 per cent;
2. General dissatisfaction about not being with children--18 per cent;
3. Care given by caretaker or behavior of caretaker toward child (e.g., children not properly disciplined, child's diapers not changed frequently)--27 per cent;
4. Child left alone without supervision--13 per cent;
5. Undesirable effects on mother (in caring for child herself)--8 per cent; and,
6. Miscellaneous--14 per cent.[1]

Ruderman studied the sources of satisfaction and dissatisfaction with specific types of arrangements more thoroughly. While she considers her findings underestimates of dissatisfaction, nevertheless, considerably more dissatisfaction was expressed by these mothers than those in the previous survey. Overall, mothers expressed no dissatisfaction with half of the arrangements, low dissatisfaction with one-quarter, and moderate or high dissatisfaction with the remaining quarter. The level of dissatisfaction varied according to the

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[1] Ibid., pp. 25-26.

type of arrangement; arrangements were also found to have distinctive values and problems and diverse implications for child development and family life.

The most satisfactory arrangements were care by a relative other than the father or siblings in the child's own home or in the relative's home; nursery school or day care center; or care by a neighbor, friend, or baby-sitter in the child's home. When the caretaker was the same, in-home arrangements were more satisfactory than out-of-home ones. Arrangements in the intermediate range were father or working mother caring for child in the home; neighbor, friend, or babysitter caring for child out of the home; and, recreation facility or playground. The poorest arrangements were those in which the child cared for himself or was cared for by a sibling or by a maid. Self-care and care by a sibling are equally likely on all SES levels.[1]

Many factors were found to contribute to or are associated with the mothers' feelings of dissatisfaction. Included are, "the caretaker's liking for or willingness to take on this responsibility; the extent to which mother and caretaker agree on aspects of child care; the age and sex of the caretaker; the presence or absence of other children; the extent to which the caretaker is free to give full attention to the children; and the existence of other values in the arrangement, such as affection between caretaker and children, opportunities for the children to learn or to participate in interesting activities, convenience, and help with the housework."[2] Dissatisfaction tended to be particularly associated with the presence of boys and with children under three years of age. Since most types of child care were age-related, children of nine years and older were likely to be involved in the

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[1]Ruderman, Child Care and Working Mothers, pp. 239-42; 301-302.

[2]Ibid., p. 298.

poorest arrangements--self-care and care by siblings.[1]

While problems and dissatisfactions occurred among all groups of mothers, some variations were found to exist between socio-economic classes and races. Low SES mothers found in-home care by "other relatives" and day care centers and nurseries more satisfactory than did higher SES mothers. However, they found out-of-home non-relative care more unsatisfactory than did their higher SES counterparts. Ruderman illustrated this by suggesting that the slum mother might well be concerned about leaving her child with a neighbor, as the latter is likely to have a large family herself, to be busy with her housework, and to live in cramped quarters. Generally, dissatisfaction with child care was more common in black families than in white families. Part of this may be attributable to greater dissatisfaction among black mothers with out-of-home relative care which, with this racial group, tends to have problems and dissatisfactions similar to out-of-home non-relative care.[2]

Ruderman stresses, in conclusion, the need to consider the effect of particular child care arrangements on the family unit as a whole. She states that, "an unsatisfactory child care arrangement is likely to mean not only harmful experiences for the children in care, but also added stress on the family as a whole, and further burdens of guilt and anxiety for the working mother."[3]

The literature reviewed provided helpful basic knowledge and guidelines for the present inquiry. Particularly useful in the formulation of the hypotheses were information on the characteristics of working mothers, reasons

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[1] Ibid.

[2] Ibid., pp. 239-303.

[3] Ibid., p. 300.

for their working and the employability of AFDC mothers. Studies of child care arrangements of working mothers and their satisfactions and dissatisfactions with their arrangements offer comparative data for the present study.

CHAPTER IV

RESEARCH DESIGN AND METHOD

This study is a part of a larger investigation of three WIN programs undertaken by a consortium of schools of social work at the University of Chicago, the University of Michigan, and Case Western Reserve University.[1] The larger study explored the decision-making of three sets of actors in the WIN program: caseworkers in the referring department of welfare: AFDC mothers referred to and participating in the program; and WIN team members.

The overall study focused on certain key decisions: program entry decisions, particularly those pertaining to the referral and enrollment of the AFDC mother; decisions in respect to child care arrangements; decisions concerning choice of training component; decisions about the enrollee's continuance in the program; and decisions relating to jobs. The contributions of the referring caseworker, the AFDC mother, and the WIN team members to these decisions were examined. The study sought to examine the nature of these decisions, the factors affecting them, and processes that have produced them and the respondent's evaluation of the decisions and decision-making processes.

Project data were derived largely from structured interviews with caseworkers, clients, and team members in the three locales. Interviews with

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[1] William J. Reid, ed., Decision-Making in the Work Incentive Program (Chicago: The School of Social Service Administration, The University of Chicago, 1972). (Offset.)

representative samples of caseworkers (combined n = 150) attempted to elicit the cognitive and attitudinal bases for their referral decisions--their knowledge and perception of WIN, their attitudes toward the program and toward mothers' working. Their views of the organizational pressures and constraints in respect to referral decisions were obtained. They were queried on the referral criteria and processes they actually used and were asked to make referral decisions about a number of hypothetical clients.

The client sample was obtained by taking consecutive referrals to WIN from a designated date until the desired size was obtained, although some variations in this procedure were necessary in one city (Detroit). The clients were interviewed at two points of time: immediately after referral (n = 318) and eight to ten months later (n = 261). Biographical, situational, attitudinal, and motivational factors that might affect their decisions in respect to WIN were elicited. These included their educational, work, and welfare histories; family and life circumstances; their attitudes toward mothers working and child care; their perceived ability to affect their environment; their interests in education, training, and work; and their attitude toward WIN itself. Their participation in the referral decision was examined and their appraisal of this decision was obtained. Finally, attention was given to decisions they had already made and were contemplating in respect to child care arrangements.

The content of the second interview varied according to the client's status at that point: not yet enrolled (n = 77); still in the program (n = 122); dropped out (n = 50); or terminated (n = 12). In general, the focus was on decisions relevant to the client's status. For example, those clients still in the program (the modal category) were asked about their role in decisions concerning training components and their perception of the processes that produced

these decisions. Their evaluation of both the decisions and the decision-making processes were elicited. All clients were queried about further decisions on child care arrangements and all completed various attitude scales given in the first interview.

Data were collected from virtually all WIN team members (n = 120) in the three programs at about the time of the second interview with the clients. A self-administered questionnaire and a structured interview were used to obtain information on the kinds of decisions made in respect to particular kinds of clients, their criteria for such decisions and the use of the team approach in decision-making. Their decisions in respect to specific enrollees (n = 43) included in our client sample were also examined.

Use was made of a variety of less systematic procedures to obtain necessary contextual data. These procedures included review of case records, manuals, and memoranda; informal interviews with administrators of WIN and welfare programs; and observations of staff and WIN team meetings.

The writer participated in all stages of the larger study, serving in the position of Research Associate. This included helping with the overall research design, sampling plan, instrument construction, and data collection. Principal responsibility for the development of the child care sections of the instruments (see Appendix) was assumed by the writer. In addition to supervising the analysis of the client data for the larger project, the writer assumed primary responsibility for analyzing the child care data and for the writing of the portion of the final report concerned with child care.

Research Design

The design of the larger study, and consequently of the present investigation, evolved as the result of a number of considerations. First the

funding agency (the Manpower Administration of the Department of Labor) was interested in engaging schools of social work to conduct research on the WIN program, since the program was directed at public assistance recipients, a group about whom social workers were thought to be particularly knowledgeable.

The decision to have the study carried out by a consortium of schools, rather than by a single school, stemmed from the Department of Labor's interest in maximizing involvement of social workers in manpower research. The choice of the three study cities was largely arbitrary, based on the notion of studying WIN programs in three large midwestern cities located close enough to each other to make the consortium arrangement practical. The decisions made in line with the foregoing considerations led to other factors influential in the determination of the research design. These included practical considerations dictated by the variations in the operations of the three WIN programs to be studied and the interests of the Manpower Administration and individual researchers engaged in the study.

Working out a coherent research design under these conditions is not an easy task. When scientific ideals must be weighed against practical considerations and special interests of a funding agency and diverse researchers, conflict often arises. How the conflict is resolved will have important implications for the research to be done. The resolution is, at best, a set of workable compromises.

Studying WIN programs in three different locales had both advantages and disadvantages. For example, standardization of data collection instruments and procedures was necessary, resulting in some loss of specificity. This was particularly a limitation with the child care data as the three programs were different in terms of program operations and in the provision of

supportive services in the area of child care. On the other hand, a major advantage accrued from having a larger, more diversified sample which enriched the study by providing a better basis for generalization, affording the opportunity for making comparisons and illuminating the effects of certain contingencies.

The major purpose of the initial interviews with AFDC mothers at the point of referral was to obtain important baseline data. For example, in the larger study it was necessary to ascertain the mothers' feelings about their referral to WIN and their perception of their role in this decision while it was fresh in their minds and before their experience in WIN could alter these impressions. In the present study, the important baseline data from Time 1 interviews include the mothers' experiences with child care, preferences concerning types of child care arrangements, planned or anticipated arrangements to be used while in WIN, attitudes toward child rearing, and perceptions of the effects of maternal employment on their children, housework, home life, and social life. These baseline measures were useful in testing for relations with certain consequences observed at Time 2, such as current status in WIN, level of participation in WIN, attitude toward WIN, and satisfaction with child care. In addition, variables measured at Time 1 and at Time 2 were compared for significant changes.

Although the design did not include control groups, in effect four contrast groups had evolved by Time 2, according to the mothers' status in WIN at that time. These groups consisted of mothers who had not been enrolled in the program, those who had dropped out, those still in WIN, and those who had finished the program. These groups were compared according to baseline data such as biographical and situational characteristics of the mothers, their

initial attitudes toward WIN and their attitudes about maternal employment and child care.

Sample Selection

Data for the present study were obtained from the two structured interviews with AFDC mothers referred to WIN in the three locales. The samples were drawn from the mothers referred to WIN by the public welfare departments during the spring of 1970. As referrals were made, these names were sent by WIN to the research staffs until the desired panel size was obtained.

The sampling plan described above was followed without notable deviation in Cleveland, where a cohort of 70 mothers was obtained. Variations in this sampling plan were made in Chicago and Detroit. To increase representativeness of the Chicago sample (n = 105), a limit of one-third of the panel was placed on referrals from the Basic Adult Education Centers and a limit of 15 referrals from any one welfare district office. The former restriction was indicated because these referrals were automatic and therefore not typical of WIN referrals generally. The limitation on district office referrals was necessitated by an experimental outreach approach being used in some of the offices at that time in an effort to increase referrals. This experimental approach resulted in a disproportionate number of referrals from these offices during the time of the study. In Detroit, a random sample of all referrals made over a longer time period was selected and letters sent to this sample requesting their participation per Michigan public welfare requirements. This variation was due to the large backlog of referrals in Detroit at that time; the interval between referral and enrollment was several months to a year. The Detroit panel (n = 143) consisted of the 43 per cent of the mothers responding to the request for participation in the study.

The combined sample of 318 respondents was interviewed after referral but prior to enrollment and again 8 to 10 months later regardless of their status in WIN (n = 261). The loss of 57 respondents between Time 1 and Time 2 was primarily due to the elimination of 34 mothers from the Detroit sample since it seemed highly unlikely that they would be enrolled in WIN by the time of the second interview, given the backlog of referrals in Detroit. The remaining 23 respondents could not be located or refused to be interviewed at Time 2, thus representing a true attrition rate of 8 per cent.

This sample is, therefore, limited to AFDC mothers most likely to be selected for work training programs. It is likely to differ in certain respects from the general population of welfare mothers. For example, compared to the larger population, the subjects in this sample are probably more highly motivated to work, better educated, more employable, have fewer children and less serious child care problems, are healthier, and have been on welfare for a shorter period of time. In addition, the sample consisted of women who agreed to be interviewed. This is reflected primarily in the Detroit panel as only a negligible number of potential respondents in Chicago and Cleveland refused when contacted to participate in the study.

Data Collection

Respondents were paid $5.00 per interview, each of which lasted from one to two hours. Interviews were conducted by social work students or professional social workers, usually in the respondent's home. The interviewers were trained by the project staffs in the three cities in the use of the structured interview schedules designed to elicit information in a number of areas. Of particular relevance for this study were background information on the AFDC mother, descriptions of child care arrangements utilized, the extent

of the mother's participation in WIN, and her attitudes and perceptions about WIN and child care. For example, the mother's attitude about her referral to WIN and about her experience in WIN, her satisfaction or dissatisfaction with child care, her attitudes about maternal employment and about child rearing, her perceptions of the effects of maternal employment--were among the data obtained.

The sections of the interview schedule related to child care are included in the Appendix. The following are examples of questions asked at Time 1 designed to elicit the mother's attitude toward WIN at the time of referral. Mothers were asked directly, "How do you feel about this referral?" Responses were coded on a five point scale from "very pleased" to "very displeased." Another question was, "Do you feel you had a choice of whether or not to be referred to WIN?" to which the responses were coded "Yes," "No," or "Don't know." The following open-ended question was asked, "What do you hope to get out of WIN?"

At Time 2 several questions were asked that were specifically related to the mother's attitude toward WIN after some experience with the program. The following illustrate questions asked of respondents still in WIN at that time. Mothers were asked, "So far, how have things gone for you at WIN?" to which the fixed alternatives were "very satisfactory," "somewhat satisfactory," "somewhat unsatisfactory," and "very unsatisfactory." In addition, respondents were asked to give the reason for their ratings. To the question, "Are you getting what you expected from WIN?" mothers were asked to choose among "more than expected," "somewhat as expected," "somewhat less than expected," and "much less than expected." "What do you like best about WIN?" and "What do you like least about WIN?" were open-ended questions.

While the use of personal interviews seemed to be the best single

method of collecting data for this study, there is some question about the use of this method for obtaining research data from individuals in the lower socio-economic status. In a review of the literature in this area, Weiss concluded that while no adequate base of systematic data exists for drawing firm conclusions on interviewing techniques with the lower class, the interview as a research tool may have serious shortcomings with this group.[1] Problems reported by researchers have included unavailability of lower class individuals for research interviews, low motivation due to their perception of research which leads to inconsistencies and unreliability in their reports, language problems resulting in difficulty with questions on an abstract level, and their tendency to give socially desirable responses. Undoubtedly all of these problems were present to some extent in this study. In particular, there is evidence to suggest that the respondents may have reported greater satisfaction and more positive attitudes and experiences with various aspects of the WIN program than actually exist. This tendency toward socially desirable responses is commented upon in the final report of the larger study.[2]

In spite of the limitations of the interview as a research tool with low income populations, it was, nevertheless, the most efficient data collection method available. The use of structured interviews was necessary for the collection of comparable data from the three cities. In addition, this technique was the only feasible method for obtaining data on the mothers' attitudes, perceptions, hopes, and expectations. An attempt was made to take into account the tendency toward socially desirable responses in the analysis of the data.

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[1]Carol Weiss, "Interviewing Low-Income Respondents," Welfare in Review IV(October, 1968), 1-9.

[2]Reid, Decision Making in the Work Incentive Program, p. 112.

CHAPTER V

CHARACTERISTICS OF THE SAMPLE

The AFDC mothers in the combined sample (n = 318) were predominantly black (90 per cent); only 7 per cent were white and 3 per cent Latin American. The Cleveland subsample contained the largest proportion of whites (16 per cent) and the Chicago subsample the largest concentration of Latin Americans (6 per cent). In respect to race, the mothers in the sample are not reprentative of all WIN enrollees (42.7 per cent black),[1] nor of all AFDC mothers nationally (47.5 per cent black).[2] The predominance of black women in the sample is more nearly reflective of the large concentration of black welfare mothers in large urban areas.

The ages of the women in the sample ranged from 17 to 59, with a mean age of 33 and a median of 32 years.[3] Most (74 per cent) were between 20 and 40 years of age. The Detroit subsample consisted of older women with a median age of 38 compared to 27 in Cleveland and 30 in Chicago. In Detroit, only 58 per cent of the women were between 20 and 39 years of age; comparable figures

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[1]Data on WIN enrollees nationally are from U.S. Department of Labor, Manpower Report of the President: A Report on Manpower Requirements, Resources, Utilization, and Training (Washington, D.C.: Government Printing Office, April, 1971), p. 310. Data refer to all male and female WIN enrollees during fiscal 1970. Seventy-one per cent of the enrollees were female.

[2]Data on AFDC mothers nationally are from David B. Eppley, "The AFDC Family in the 1960's," Welfare in Review VIII(September-October, 1970), 8-16. Figures quoted are for 1969.

[3]The median age of AFDC mothers nationally is 33 years with 66 per cent in the 20-39 age range.

TABLE 1

PERCENTAGE DISTRIBUTION OF SELECTED CHARACTERISTICS
OF AFDC MOTHERS IN THE SAMPLE BY CITY

Selected Characteristics	Chicago (n=105)	Cleveland (n=70)	Detroit (n=143)	Total (n=318)
	Per cent	Per cent	Per cent	Per cent
Race				
White	5	16	5	7
Black	89	84	94	90
Latin American	6	.....	1	3
Age				
Under 21	9	21	.....	8
21 - 29	41	51	13	31
30 - 39	41	23	45	39
40 - 49	8	3	34	18
50 and over	1	1	8	4
Mean years =	30	27	38	33
S.D. =	7.3	6.6	8.0	8.8
Marital Status				
Single	31	34	19	27
Married	7	3	8	6
Divorced	15	27	24	22
Separated	46	32	45	42
Widowed	1	4	4	3
Education				
Less than 8th grade	8	.....	4	4
8th grade	10	3	9	8
Some high school	53	58	57	56
High school graduate	23	36	25	27
Some college	6	3	5	5
Length of Time on Welfare				
Less than 1 year	23	28	14	20
1 - 4 years	53	47	34	43
5 - 9 years	10	21	28	20
Over 9 years	14	4	24	17
Mean years =	2	1.5	4	3.5
Median =	1.5	1.5	5.5	3.5

for Chicago and Cleveland were 85 per cent and 90 per cent. The older Detroit sample is an artifact of the different selection criteria used, because mothers of preschool age children were usually not referred to the Detroit WIN program.

Few of these mothers were married and presumedly living with their husbands (6 per cent). The majority were either separated (42 per cent), divorced (22 per cent), or still single (27 per cent). Only 3 per cent were widowed.

While almost all (89 per cent) of these mothers had some high school education, only a third had high school diplomas and only 5 per cent had attended college. The median number of years completed in school across all three subsamples was 11. At the time of referral to WIN, 28 per cent of the women in the combined sample were attending school, basic education primarily. The women in the sample were better educated than AFDC women nationally (median = 10 years) and WIN enrollees generally, which again may be reflective of the urban nature of the sample. Thirty-seven per cent of all United States AFDC women have an eighth grade education or less, 39 per cent some high school, and 33 per cent are high school graduates. Comparable figures for all WIN enrollees are 28 per cent, 44 per cent, and 32 per cent; for the sample they are 12 per cent, 57 per cent, and 32 per cent.

Although the majority of the respondents (68 per cent) were not born in the cities in which they currently reside, they are certainly not newcomers to these metropolitan areas. Eighty per cent have lived in their respective cities for 11 years or longer. Fewer than 2 per cent have less than 3 years of residency.

The women in the combined sample had received public assistance for a

median of 3.5 years. The older Detroit subsample have been on welfare longer (median of 5.5 years) than the other two subsamples (median of 1.5 years for Chicago and Cleveland).

The majority of the sample were self-supporting prior to receiving public assistance. As a matter of fact, 22 women were working and receiving supplementary assistance at the time of referral to WIN. Almost 90 per cent of the total sample had been employed at some time and had held at least two jobs. (Sixty per cent of the total sample had held at least four jobs.) Most of the women who have a job history have been unemployed a relatively short time--a fourth for less than a year and 58 per cent for less than two years. The median number of years since their last jobs was 1.5 years for the Chicago and Cleveland subsamples and four years for the Detroit subsample. While only a few Chicago and Cleveland women (12 and 5 per cent, respectively) have been unemployed for over 9 years, 27 per cent of the older Detroit group have not worked within the last 9 years.

Eighty-five per cent of these mothers had children under 13 years of age and 44 per cent have at least one preschool age child (that is, under 6 years of age). A great disparity existed between the Detroit respondents and those from Cleveland and Chicago in respect to the ages of their children. Only 10 per cent of the Detroit women had preschool age children, while 71 per cent and 68 per cent of the other groups had children under 6 years. A fourth of the Detroit respondents' youngest children were teenagers. In order to work or participate in WIN, the average mother in the combined sample would need child care for two children. However, 15 families (9 of whom lived in Chicago) would need this service for as many as 5, 6, or 7 children. Child care arrangements could be complicated for some of these mothers, as over a fifth of

the children requiring care have special problems, medical ones particularly. However, almost a third of the combined group reported having someone living in the home who could care for the children.

The sample as a whole is clearly not representative of the total population of AFDC mothers or of those referred to WIN. To what extent the sample typifies female WIN referrals in the three cities is difficult to assess. The time period during which the sample was collected occurred shortly after women began to be referred to these programs in large numbers. It is possible that among the first to be referred were women who had previously expressed an interest in securing training or work or women who the caseworkers suspected would be the best--or the most receptive--candidates. Although there was some evidence in data from the larger study to support this contention, it was also true that some caseworkers referred clients to the program with little or no selectivity. Moreover, numbers and types of women referred to WIN in the three cities have fluctuated considerably since the samples were drawn. While the sample may have over-represented the more interested and able women in comparison to subsequent referrals, one finds at a later point, for example, that only highly motivated female candidates were being accepted in the Chicago and Cleveland programs which had restricted their intake largely to men. In the final analysis the population of greatest interest may well be the kind of upwardly mobile AFDC mother who perhaps exemplified the sample.

CHAPTER VI

TEST OF THE HYPOTHESES

The following hypotheses were tested in this study:

(1) Degree of satisfaction with child care arrangements is associated with certain characteristics of the mothers: specifically, degree of satisfaction is associated positively with state of health, level of education, recency of work experience, attitudes about mothers' working, optimism about working, and middle class attitudes; and negatively with feelings of powerlessness, family size, age of children, and number of children with special problems.

(2) Satisfaction with child care arrangements and attitude toward the work training program are positively related.

(3) The more satisfactory the child care arrangements are to mothers, the more likely they are to participate in the work training program.

In order to test these hypotheses, correlational and multiple regression techniques were used. For this analysis, all mothers in the sample who had participated in WIN, regardless of their current status, and who had a child 12 years of age or younger were included. The hypotheses were not verified but an examination of the data provided some interesting insights.

Prior to analysis, scales were constructed using two or more variables to measure certain constructs of interest. "Level of participation" was defined by a scale consisting of the amount of contact the respondents had had

with WIN team members, the number of WIN components or services rated by the respondent, the number of days the mother had spent in WIN, and the number of active components (that is, not "holding") the respondent has been in according to the WIN records. Respondents' ratings of satisfaction as to how things went for them in WIN and their ratings of the extent to which they got what they had expected from WIN were combined with responses to what they liked best and least about WIN to provide an indicator for "attitude toward WIN at Time 2."

The first hypothesis was tested by a multiple regression model using the mother's average rating of satisfaction with all of her current child care arrangements as the dependent variable and the other variables in the hypothesis as the predictor variables. As can be seen in Table 2, the model proved

TABLE 2

SATISFACTION WITH CURRENT CHILD CARE--SUMMARY TABLE

Independent Variables	Coefficient of Correlation (r)	Cumulative Variance Explained
		Per cent
Number of children needing care	.18	3
Highest grade completed	.14	5
Powerlessness scale	-.10	6
Separation-willingness scale	.11	7
Status of health	.06	8
Age of youngest child needing care	-.12	8
Time unemployed	.02	8
Middle class orientation scale	.02	9
Job optimism scale	.01	9
Special problems with children	-.01	9

to be a trivial one as only 9 per cent of the variance in satisfaction with child care was explained by the predictor variables. Thus, the hypothesis was

not verified. The only variable significantly correlated, but with a very low zero order correlation, was family size as indicated by the number of children needing care ($r = .18$, $p < .05$). When satisfaction with terminated child care arrangements used while in WIN was substituted as the dependent variable, even less of the variance (7 per cent) was accounted for by this set of independent variables. Only the age of the youngest child needing care was significantly correlated, although inversely, with satisfaction with terminated child care ($r = -.19$, $p < .05$). That is, the younger the youngest child needing care, the more likely the mother was to be dissatisfied with her child care arrangements.

The second hypothesis was tested by obtaining correlations between the two variables--satisfaction with child care and attitude toward WIN--by using two measures of each variable. None of the four correlations obtained was significant. The correlation between satisfaction with current child care and attitude toward WIN at Time 2 was .11; between satisfaction with current child care and attitude toward WIN at Time 1, $r = .09$;[1] between satisfaction with terminated child care and attitude toward WIN at Time 2, $r = .10$; and between satisfaction with terminated child care and attitude toward WIN at Time 1, $r = -.08$.

In testing the third hypothesis through the use of correlations, the level of participation and satisfaction with current child care were found to be uncorrelated ($r = .03$). Level of participation was, however, significantly correlated with attitude toward WIN at Time 2 ($r = .31$).[2]

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[1]The "attitude toward WIN at Time 1" scale consisted of measures at the point of referral on the three variables: mothers' feelings about WIN referral, perceived amount of choice about referral and expectations of WIN.

[2]Correlations among other variables contained in the hypotheses were quite low. These comprised correlations between the 10 characteristics of the mother and level of participation, as well as between characteristics of the

The search for explanations for the failure of the three interrelated hypotheses to be verified revealed certain problems in the theoretical model or in its application. The first refers to the underlying assumption of the first hypothesis--that the mothers in our sample could be meaningfully divided into two groups according to the degree to which they possessed certain attitudes and situational characteristics. Although consistent with other research findings and with logic, our sample of AFDC mothers was, perhaps, too homogeneous to allow the necessary distinctions to be made. For example, 89 per cent of the mothers had some high school education and most of the women had work experience, with 58 per cent of them having worked within the last two years. While half of the sample thought mothers of school age children generally should not work and three-fourths thought mothers with preschool age children should not, almost all of the mothers said they preferred working to staying home. The homogeneity of the sample is not surprising considering the screening done by the caseworkers for referral to WIN and the choice about participation most of these mothers had. Even more salient was the small amount of variance found in the dependent variable. According to these mothers, almost all of their child care arrangements were satisfactory. (Most unsatisfactory ones were terminated.) The majority (61 per cent) rated their current arrangements as "very satisfactory" and another 33 per cent as "satisfactory." Only 4 per cent were rated as "unsatisfactory" and 2 per cent as "very unsatisfactory." When the factors related to the mother's satisfaction with child care were examined (presented in detail in Chapter VIII), it was discovered that dissatisfaction with child care was associated with school age children staying alone

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mother and attitude toward WIN both at Time 1 and Time 2. Of these 30 correlations, only 5 were statistically significant (at $p < .05$) and none of these significant correlations exceeded .21.

or with siblings outside of school hours while the mother is away. Ruderman found that such arrangements are equally likely on all socio-economic status (SES) levels.[1] This seems to indicate that even if the sample could have been divided into two groups according to the extent to which they resembled the middle class, the relations hypothesized still would not have been found. It is not known whether a more heterogeneous sample would have resulted in relatively more dissatisfaction with child care or in other factors being closely associated with dissatisfaction.

The second erroneous assumption that underlies the theoretical model, seen in relation to the second hypothesis, reflects an unconscious class bias on the part of the writer. It was postulated that the mothers' degree of satisfaction with child care and their attitudes toward WIN would be associated--with each influencing the other.[2] The failure of the data to confirm, and the subsequent reexamination of, this hypothesis led to the realization that such a relation would not be expected to exist on any other SES level. For example, one would not expect a middle class mother's level of satisfaction with child care to influence her attitudes about her job or vice versa. These are two separate variables and one would not doubt the middle class mother's ability to view them as such. Yet the writer operated on the assumption that lower class--specifically welfare--mothers would confuse the two issues. To the writer's knowledge, there is no evidence to substantiate the notion that the lower class is less capable than the middle class of making such distinctions. This point is emphasized because it illustrates how easily biases can enter

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[1] Ruderman, Child Care and Working Mothers, p. 276.

[2] While little variance was found in satisfaction with child care, this was not so in attitude toward WIN as measured at Time 2. The mean on this attitude scale was 8.37 with a standard deviation of 2.64.

into research even when the researcher makes conscious efforts to guard against such influences.

The third, and most important, reason for the inadequacy of the present model is its failure to take into account the interrelatedness of factors associated with the mothers' participation in WIN. This is discussed in Chapter X, where a new model more consistent with the findings of this study is proposed.

CHAPTER VII

CURRENT CHILD CARE ARRANGEMENTS

One of the crucial issues involved in decisions about the continuance and expansion of work training programs for low income mothers is the care children receive while their mothers are away from home. In the WIN program, the AFDC mothers assume almost total responsibility for child care planning and implementation. In other words, they decide which, if any, of the available child care arrangements to use. The role of the welfare caseworkers and WIN team members is limited to approving child care plans the mothers make, offering suggestions regarding alternative arrangements, and occasionally making referrals to day care resources. This chapter describes the child care arrangements used by mothers participating in WIN and addresses the issue of adequacy of care vis-à-vis the child.[1]

Types of Arrangements

In order to obtain information concerning child care used by mothers in the study, mothers who were away from home on a regular basis and had children requiring child care were asked at Time 2 about their current arrangements regardless of the mother's current status in WIN. These mothers comprised 60 per cent of the total sample. Although some of these mothers had not yet been

[1]Unless otherwise indicated, data on child care arrangements presented in Chapters VII-IX include all mothers using arrangements regardless of the age of the child.

enrolled in WIN or had dropped out, the reasons indicated for the mothers' absence from home were either WIN-connected or work-related in over 80 per cent of the cases.

The mothers included in this analysis were primarily from Detroit (42 per cent) and Chicago (41 per cent), with only 17 per cent from Cleveland. Almost 400 children, half of whom lived in Chicago, were included in these arrangements. While the majority of mothers had only one or two children in some type of arrangement, a few mothers had as many as 6 or 7 children in child care. Over a fourth of the children in current arrangements were of preschool age, that is, under 6 years of age. Much variation existed by city as over half (55 per cent) of the children in the Cleveland sample but only 7 per cent of the Detroit children were of preschool age. (It will be remembered that generally women with preschool age children were not referred to the Detroit WIN program.) Altogether, almost half of these mothers had at least one preschool age child in some type of day care arrangement (Table 3).

TABLE 3

CHILDREN IN CURRENT CHILD CARE ARRANGEMENTS BY AGE OF CHILDREN AND CITY

Age	Chicago Per cent	Cleveland Per cent	Detroit Per cent	Total Per cent
1 - 5 years	33	55	7	25
1 - 2 years	10	29	6	11
3 - 5 years	23	26	1	14
6 - 12 years	50	38	50	48
13 years and over	17	7	43	26
N =	208	56	176	440

Over two-thirds of the children were cared for in their own homes. As can be seen in Table 4, the most frequently reported "arrangement" was self-

care,[1] the predominant type of care for over a fourth of these children. An additional 11 per cent were cared for by older siblings. Apparently only an arbitrary distinction exists in many cases between what constitutes "self-care" and what is considered "care by siblings." The majority of children in "self-care" have siblings also caring for themselves. It seems that the distinction made by the mothers is whether or not one child is considered responsible for the care of his siblings.

TABLE 4

CHILDREN IN CURRENT CHILD CARE ARRANGEMENTS BY TYPE OF ARRANGEMENT AND CITY

Type of Arrangement	Chicago Per cent	Cleveland Per cent	Detroit Per cent	Total Per cent
Children's father	1	5	7	4
Sibling	3	9	21	11
Other relative	14	17	19	17
Friend, neighbor, sitter	32	28	16	25
Child care center	8	17	..	6
Mother takes child	1	..	2	1
Self-care	27	10	32	26
Mother's and child's hours coincide	8	5	3	6
Not specified	6	9	..	4
N* =	188	58	148	394

*Differences in sample sizes here and elsewhere in this report are often the result of eliminating the "No Response" category.

The second most common arrangement, used for a fourth of the children, was care by babysitters, friends, and neighbors. Relatives other than the children's father or siblings cared for the next largest group (17 per cent).

[1]For purposes of this discussion, self-care--that is, children left alone to take care of themselves on a regular basis--is considered a child care arrangement.

Group care, such as nursery schools, day care centers, and Headstart programs, was utilized for only 6 per cent of the children.

Differences among cities in types of child care arrangements used are due primarily to the differences in the ages of the children. For example, the high proportion of preschool age children in the Cleveland sample is probably a major factor contributing to the greater utilization of day care centers in that city. There is no evidence that proportionately more day care centers existed in Cleveland than in the other two cities. However, the variance in day care center utilization is not wholly explained by the ages of the children. The percentages of children ages 3 to 5 (the ages served by most day care centers) are very similar in Chicago and Cleveland (23 per cent and 26 per cent, respectively). It may be that welfare workers influenced the utilization of day care resources by encouraging mothers to use these centers. Almost twice as many Cleveland mothers (41 per cent) said they received help from welfare staff in making these arrangements than did Chicago mothers (22 per cent).

Arrangements for Younger Children

When teenagers (one-fourth of the sample discussed above) were eliminated from consideration, the distribution of children in various types of child care arrangements changed very little (Table 5). That is, with few exceptions, the proportions of younger children (under 13 years of age) in various kinds of arrangements are the same as those for the total group of children described above. As might be expected, the major differences occurred in self-care, as fewer (12 per cent as compared to 26 per cent) of the younger children stay by themselves. The proportion of children in self-care in Detroit dropped dramatically from 32 per cent to 5 per cent when the teenagers were eliminated. The relatively higher percentage of younger children in Chicago in self-care and

the correspondingly lower percentage cared for by siblings is explained in large part by the arbitrary distinction made by the mothers between these two types of arrangements. For example, 90 per cent of these children in Chicago in self-care have siblings under 13 years also in self-care. As previously indicated, some of the arrangements identified as care by siblings involve caretakers 12 years of age or younger.

TABLE 5

CHILDREN 12 YEARS OF AGE AND YOUNGER IN CURRENT CHILD CARE ARRANGEMENTS BY TYPE OF ARRANGEMENT AND CITY

Type of Arrangement	Chicago Per cent	Cleveland Per cent	Detroit Per cent	Total Per cent
Children's father	1	6	12	5
Sibling	3	10	16	12
Other relative	17	16	24	19
Friend, neighbor, sitter	37	31	19	31
Child care center	10	18	..	8
Mother takes child	..	..	..	..
Self-care	17	6	5	12
Mother's and child's hours coincide	6	4	5	6
Not specified	9	10	4	8
N =	165	52	105	322

Proportionately more of the younger children were being cared for by sitters, friends, and neighbors (31 per cent as compared to 25 per cent for the sample including teenagers). The percentage of children in child care centers rose only slightly--from 6 to 8 per cent.

It will be noted from Table 5 that the arrangements used most frequently by city in descending order are: Chicago--sitter, other relative, or self-care; Cleveland--sitter, center, other relative; Detroit--other relative, sitter, sibling. As can be seen from Table 5 as well as from Table 4, more

frequent use is made of child care centers in Cleveland and siblings are used more often in Detroit, the city with the largest proportion of teenagers in its sample.

Problematic Arrangements

No attempt was made in this study to ascertain directly the quality of individual caretakers or arrangements. (Mothers' attitudes and perceptions about their own child care were elicited and are reported on in the next chapter.) Judgments of adequacy of the different forms of child care are risky for two reasons: very little is known about the consequences for child development of the various types of arrangements[1] and the quality of care may vary considerably within a given type of arrangement. However, certain minimal requirements pertaining to the protection, supervision, physical and emotional care, and intellectual stimulation needed by children of various ages are generally agreed upon by child welfare experts. The Child Welfare League has developed standards for day care services, which are designed to promote optimal fulfillment of children's needs at various ages.[2] These standards pertain only to group care facilities, however.

The Children's Bureau has set forth guidelines for evaluating the adequacy of arrangements most frequently used by mothers--care in the home by a relative or another adult and care provided in the home of a relative or nonrelative. It suggests factors to be considered and pertinent questions to be asked in relation to the caretaker, caretaker's home, transportation, emergencies, etc., in order to determine if a particular plan is workable.[3] Unfor-

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[1]Ruderman, Child Care and Working Mothers, p. 17.

[2]Child Welfare League of America, Standard for Day Care Service.

[3]U.S. Department of Health, Education, and Welfare, Children's Bureau

tunately, specific criteria do not exist for assessing the quality of the kind of informal arrangements of concern in this study. Until such criteria are developed, one must use expert opinion for evaluating the adequacy of informal arrangements.

Self-care, particularly for children ages 12 and under, has been called into question by child care experts. Thus Ruderman states that this arrangement has many latent and manifest dangers and suggests the possibility of psychological damage, particularly to the lower-class child, as manifested by feelings of isolation, fear, and desertion.[1]

In the present study, city differences existed in the use of self-care as arrangements. These city differences clearly reflect age variations in the three groups of children. Self-care was the predominate arrangement in the Detroit sample, the second most frequent in Chicago, but was used for only 10 per cent of the Cleveland children who were mostly of preschool or early school age.

While most of the children who stayed alone when their mothers were away were teenagers, 31 per cent of the children in self-care were 12 years of age or younger, some even of preschool age. Paramount among the many concerns about young children in this type of arrangement is the issue of safety which is involved in young children's coming home after school to an empty house, letting themselves in and remaining alone until the mother or another family member returns. The extent to which mothers share concerns about self-care will be referred to later when data are presented on mothers' satisfaction

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and Bureau of Family Services, Criteria for Assessing Feasibility of Mothers' Employment and Adequacy of Child Care Plans (Washington, D.C.: Government Printing Office, April, 1966). (Mimeographed.)

[1]Ruderman, Child Care and Working Mothers, p. 276.

with child care and their preferences of arrangements.

A similar arrangement--care by siblings--also tends to be fraught with problems. Ruderman mentions the frequency of fights, quarrels, and resentments among the siblings left alone, as well as the older sibling's being overburdened, deprived of freedom to go out, and in some cases not entirely trustworthy or able to handle emergencies.[1] Care by siblings involves 11 per cent of the combined sample in this study. Eighty-eight per cent of the children cared for by siblings were under 13 years of age and, unfortunately, some of the siblings in charge were also this young. The highest proportion of sibling care (21 per cent) was found in the Detroit sample, the group with the largest percentage of teenagers.

No general statement concerning adequacy of care can be made about the 42 per cent of the children cared for by relatives (other than the father or siblings), friends, neighbors, and sitters. Such arrangements may be adequate or inadequate, depending upon a number of factors such as the attributes of the caretaker and of the children, the relationship existing between them, and other responsibilities the caretaker may have. It seems safe to assume, however, that the level of care by these caretakers generally does not exceed, and may often fall below, that which the children receive from their mothers. Available relatives, neighbors, or other sitters on the lowest income levels are probably women unable to work due to advanced age, poor health, lack of education, young children, large families of their own, or similar handicaps. Some caretakers may be between jobs, thus lending a temporary quality to the arrangements.

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[1] Ibid, pp. 261-64.

Expected versus Actual Arrangements

The child care arrangements used by mothers in WIN were not always the ones they had originally planned to use. At the time of referral, mothers in the sample were asked about the type of child care they, in fact, use or would use if they were to go into a full-time job or training program. Multiple arrangements were obtained; that is, all arrangements needed per child to cover the mother's absence from home were included. Forty per cent of the sample were using or had made definite child care arrangements at the time of referral. Three hundred mothers indicated arrangements for over 650 children, 29 per cent of whom needed more than one arrangement. A comparison of these arrangements with the ones being used for children of all ages at the time of the second interview with the sample reveals some interesting differences. The mothers thought at Time 1 that child care centers would serve a larger proportion of their children (14 per cent) than they were serving at Time 2 (6 per cent). Mothers also thought their hours away from home and the children's school hours would coincide in many more instances (15 per cent) than was later found to be the case (6 per cent). At Time 2, mothers had to rely much more heavily on leaving children alone to take care of themselves (26 per cent) or each other (11 per cent) than they had anticipated (8 per cent and 4 per cent, respectively). Apparently these mothers were overly optimistic about child care as the arrangements they were using at Time 2 were less desirable, on the whole, than those originally planned.

At the same time, 30 per cent of the mothers had concerns about their planned arrangements at Time 1. By far the major concern was about having some time uncovered by the planned child care arrangements. The next most frequently mentioned concern was about the reliability of the caretaker. This was

expressed in terms of concern about the quality of care she would give the child, her dependability (that is, the caretaker's being there as planned) and about her ability to handle emergencies and to use proper safety precautions. These mothers had not anticipated how important the convenience of an arrangement would be to them (to be discussed in the following chapter). For example, the difficulties involved in using out of home care--such as getting small children up early, feeding them, dressing them to go out, and transporting them to the day care site as well as picking them up after work or school--became evident to many mothers only as a result of experience with out of home care.

CHAPTER VIII

MOTHERS' SATISFACTION WITH CHILD CARE

Although concern has been expressed about certain forms of child care which are likely to be problematic and of questionable quality, it is important to understand how mothers in the sample viewed child care. It could not be assumed that the arrangements used were the most satisfactory from the viewpoint of the mothers or that they necessarily reflected the mothers' preferences. In order to illuminate this issue, an attempt was made to obtain the mothers' evaluations of their arrangements and to elicit their preferences regarding child care.

The mothers who had child care arrangements at the time of the second interview were asked to rate the arrangements they were using for each child in terms of their satisfaction with them. The findings indicated, as one would expect, that on the whole mothers were quite satisfied with their child care arrangements. (Unsatisfactory arrangements are not likely to be maintained.) Sixty-one per cent of the arrangements were rated as "very satisfactory," 33 per cent as "satisfactory," 4 per cent as "unsatisfactory," and 2 per cent as "very unsatisfactory."

Satisfaction with Current Arrangements for Younger Children

Most of the arrangements considered as unsatisfactory or very unsatisfactory by the mothers were for children under 13 years of age. A series of cross-tabulations were obtained for these younger children (ages 12 and under)

in order to explore relations between types of arrangements and the mothers' satisfaction.

All of the "very unsatisfactory" ratings and half of the "unsatisfactory" ratings for younger children involved self-care or care by siblings. (The other "unsatisfactory" ratings were for care by sitters, neighbors, and friends.") In view of the above association, it is not surprising that dissatisfaction usually involved school age children, especially the 9 to 12 age group, since these are the children most often left alone. Only one arrangement in our entire sample was rated "unsatisfactory" for a preschool age child. The reasons most often cited for dissatisfaction, in decreasing order of frequency, were: feeling that no one can care for child as well as mother can, poor care and supervision, and the inconvenience involved in the arrangement.

The arrangements used for children under 13 years that mothers found most satisfactory were child care centers, care by the child's father, and care by other relatives. Reasons most often given for satisfactory ratings were: the affectionate relationship existing between the child and the caretaker, belief that the child gets good care and supervision, and the caretaker's trustworthiness and dependability.

In one analysis, the mothers' satisfaction ratings for arrangements for children under 13 years were collapsed into two categories: satisfactory and unsatisfactory. Significant differences were found through the use of the chi-square statistic between satisfaction ratings and the following dependent variables: the type of arrangement ($p < .01$), the age of the child ($p < .02$), and whether or not the child had a special problem ($p < .02$). As previously indicated, self-care was by far the most unsatisfactory arrangement, while not a single arrangement involving the father, another relative (excluding siblings),

or a child care center was rated as unsatisfactory. Dissatisfaction increased with the age of the child following the pattern of self-care. If the child had a special problem such as a medical one, his arrangement was more likely to be rated by the mother as unsatisfactory. Whether or not the home or center was licensed made no significant difference, but it is interesting to note that none of the 36 licensed facilities in which children were placed was rated as unsatisfactory. No differences were found in the degree of satisfaction in respect to duration of the arrangement although mothers rated the newer ones (under 3 months) more cautiously (as "satisfactory" more often than "very satisfactory") than they did arrangements they had used longer. Whether child care was provided in or out of the child's home was not significantly related to the mother's satisfaction rating. The fact that child care centers (satisfactory arrangements) are out-of-home arrangements while self-care and care by siblings (often unsatisfactory) are in-home care contributes to the lack of significance regarding location of care.

Terminated Arrangements

An examination of the data on terminated arrangements (other arrangements used since referral to WIN) provides more insight into factors associated with satisfaction and dissatisfaction and the criteria mothers use to evaluate child care. Since referral, a total of 72 women (28 per cent of the sample) had used child care arrangements (not including self-care or care by siblings) for children of all ages. These arrangements had been terminated by the time of the second interview. (Thirty-nine of these mothers had found and were using current arrangements.) The arrangements were most likely to have been care by friends, neighbors, and sitters (46 per cent) or care by relatives other than the child's father or siblings (35 per cent). Nine per cent of the

arrangements were in child care centers. The children were more likely to have been cared for outside their own homes (60 per cent) than in their homes.

These terminated arrangements were not evaluated as highly as the ones discussed earlier. Only 57 per cent of these arrangements were rated by the mothers using them as "very satisfactory" and 19 per cent as "satisfactory." Eleven per cent were rated as "unsatisfactory" and 13 per cent as "very unsatisfactory." These ratings were only slightly lower when teenagers were eliminated from the sample. Corresponding percentages for this younger age group from "very satisfactory" to "very unsatisfactory" were 54 per cent, 20 per cent, 12 per cent, and 15 per cent. Three-fourths of these unsatisfactory arrangements involved care by neighbors, friends, and sitters. (It will be remembered that almost half of the terminated arrangements involved care by sitters, neighbors, and friends and 35 per cent involved care by relatives other than the father and siblings. Data on self-care and care by siblings were not obtained in respect to terminated arrangements.) The two most frequently mentioned reasons for dissatisfaction with the care of children ages 12 and under were poor physical care and supervision and inconvenience of the arrangement.

Yet, when mothers were asked why they no longer used these arrangements, only 8 per cent of the arrangements were reportedly terminated because of the mother's dissatisfaction. Another 4 per cent of the terminated arrangements had been replaced by more satisfactory arrangements. Thus, according to the mothers, fewer than half of the unsatisfactory arrangements had been terminated specifically because of their undesirable features. More commonly, arrangements (satisfactory and unsatisfactory ones) were terminated because the mother was no longer in WIN, attending school, or working; the arrangement was temporarily not needed (for example, because the mother was in holding or

between active components in WIN); and because the arrangement was no longer available as the mother or the caretaker had moved. It is not known how many mothers would have terminated unsatisfactory arrangements had not some other condition such as those listed above intervened causing termination nor is it known in how many cases unsatisfactory child care may have caused or contributed to some of the reasons cited for termination.

The reasons most often given for satisfaction with terminated arrangements for children under 13 were: 1) good physical care and supervision of the child (mentioned most frequently with care by sitters, neighbors, and friends) and 2) the convenience of the arrangement (associated most often with care by relatives other than the father or siblings). Thus, the two dimensions most closely associated with the mother's satisfaction or dissatisfaction are the quality of care and supervision she believes the child receives and the convenience of the arrangement in meeting her and her family's needs. Of less importance, but mentioned as reasons for satisfaction with a number of arrangements, were 3) the characteristics of the caretaker (mentioned most frequently in connection with relatives other than father or siblings), 4) the good relationship existing between the child and the caretaker (mentioned most often with sitters, neighbors, and friends), and 5) the stimulating environment provided by the arrangement (cited most frequently with sitters, neighbors, and friends and with child care centers).

Cross-tabulations were obtained on these terminated arrangements for children ages 12 and younger using the mother's satisfaction rating (dichotomized into satisfa tory and unsatisfactory) as the dependent variable. As with current child care, the type of arrangement was found to be significantly associated ($p < .01$) with the degree of satisfaction. Care by sitters, neighbors,

and friends was much more likely to be unsatisfactory than any other type of arrangement on which data were obtained. No arrangement involving care by the father or a child care center was rated as unsatisfactory. The age of the child made no difference in terms of the mother's satisfaction with the arrangement. This is partly explained by the fact that children in all age groups are equally likely to be cared for by sitters. The length of time the mother used the arrangement was significantly related to her satisfaction with it ($p < .05$). As expected, arrangements used for 6 months or less had higher dissatisfaction rates. As previously stated, some mothers terminated these arrangements and made more satisfactory ones. While the location of child care was not found to be a significant factor, there was a tendency for in-home care to be more satisfactory. Almost half of the out-of-home arrangements were rated as unsatisfactory while only a fourth of the in-home care was.

Factors Related to Utilization of and Satisfaction with Child Care Arrangements

Obviously, many factors enter into the mother's decision about the form of child care to use. Environmental and situational variables, as well as values and attitudes held by the mother, help determine the type of arrangement that will be utilized and the degree of satisfaction that will be associated with it.

First of all, the mother's situation and environment will determine the availability of certain forms of child care. For example, the presence of a caretaker in the home, space in a conveniently located day care center, or adequate funds to hire the babysitter of one's choice may be available to some mothers but not to others. In addition, certain variables may preclude the use of some options and strongly indicate the utilization of others. These

include attributes of the children needing care such as their ages, sex, and any special problems they may have; the number of children the mother has to plan for; the hours and days for which child care is needed; and the availability of transportation to and from the day care facility. To illustrate, day care centers are a resource for children between the ages of 3 and 5 as other age groups are usually not served. The number of children for whom a mother has to arrange child care will be an important factor in her decision about whether or not to place her 3 to 5 year old in an available day care center. She may well decide to use an arrangement that will accommodate all of her children, although her preference for care of her 3 to 5 year old child might be the day care center. The more children a mother has requiring care, the fewer options she is likely to have regarding child care arrangements. Thus, a mother with several children needing care may, for economic reasons and for the sake of convenience, be limited to having someone come to the home to care for her children.

Data concerning situational and environmental factors come from interviews with the sample of mothers and knowledge of the three WIN programs and the three study cities. Like most areas of the United States, there is a shortage of day care centers and licensed day care homes in Chicago, Cleveland, and Detroit. While mothers are free to choose their child care arrangements, limits are placed upon the amount the participating welfare agencies will pay for child care and even upon which arrangements will be financed. For example, relatives are often not paid for child care. Mothers who had had experience with the child care aspect of WIN were asked to rate this part of the program. Of those who responded, 14 per cent mentioned problems with child care payments such as payments being late, inadequate, or unobtainable for some arrangements.

Proportionately, Chicago mothers had the most complaints about child care payments and Detroit mothers the least.

At the time of the initial interview with the mothers, 31 per cent had caretakers living in the home. Over half (58 per cent) of the mothers had two or more children requiring some type of day care arrangement if the mother was to be away from home on a regular basis. Fourteen per cent of the mothers would not need child care and 28 per cent would need to plan for only one child. Almost 600 children needed child care at that time.

TABLE 6

NUMBER OF CHILDREN PER MOTHER REQUIRING CHILD CARE ARRANGEMENTS AT TIME 1 BY CITY

Number of Children Requiring Child Care	Per cent of Mothers			Combined	
	Chicago	Detroit	Cleveland	Per cent	Number
0	8	24	4	14	45
1	22	30	33	28	88
2	31	23	39	29	92
3	20	13	13	16	49
4	10	7	9	9	27
5	4	2	3	3	9
6	4	1	...	2	5
7	1	...	...	..	1
N =	105	141	70		316

Over half of the total sample of mothers (57 per cent) had school age children only and, presumably, some of these mothers would not need child care. Twenty per cent had preschool age children only and 24 per cent had children of both preschool and school age. Many mothers in the latter category and some with at least two children in the former group (preschool age only) may well need multiple arrangements, particularly if formalized group care is one choice.

Almost a fourth of the mothers reported having at least one child with a special problem, usually of a medical nature, which could place additional constraints upon the types of day care available for these children.

The second group of variables--the mother's values and attitudes--include attitudes about mothers' working, beliefs about effects on children of maternal employment, and preferences concerning child care arrangements. These attitudes, beliefs, and preferences may, in turn, be affected by a myriad of other variables such as the mother's previous experience with child care, her aspirations for herself and her children, and her knowledge of theories concerning child rearing. It is also conceivable that the mother's attitude--or her behavior concerning child care--may be affected by the degree of her motivation to participate in WIN or to work. That is, a mother may be willing to put up with less than satisfactory child care in order to be able to work if she is highly motivated. Conversely, a mother may convince herself--or WIN--that she is needed in the home or that adequate child care is unavailable, if her motivation to participate in WIN is minimal.

In the initial interview with mothers, an attempt was made to ascertain their attitudes about maternal employment. Half of the mothers thought that, generally, mothers of school age children should not work and this proportion rose to 75 per cent when considering mothers of preschool age children. Three-fourths of the mothers said they thought maternal employment was permissible only if it was necessary to make ends meet. They were likely to believe that children would either be harmed (42 per cent) or not affected (40 per cent) by maternal employment. Most of the 18 per cent who thought the children would be helped indicated that such benefits would be primarily financial ones. At the time of the second interview, 62 per cent of the mothers believed that

their children had not been affected by their participation in WIN.

Over half (53 per cent) of the sample had had experience with child care arrangements prior to their WIN referral. Almost a third of the mothers having had previous arrangements had had unsatisfactory experiences with them. The three most frequently mentioned areas of dissatisfaction were the level of care given the child, the cost of the care, and transportation problems involved in getting the child to the child care resource.

The mothers' preferences concerning child care arrangements for children of various ages were elicited in the initial interview. The preferences expressed were very similar to actual arrangements used. With only one exception--the 3 to 5 year age group--mothers preferred in-home care. The preferences for children under 3 years in descending order of frequency mentioned, were: babysitter in the home; relative in the home; and relative living in the home. For the 3 to 5 year olds, mothers preferred private or public day care centers followed by relatives in the home. The preference for the young school age child (6 to 8 years) for both the school year and summer was a babysitter in the home. While the second choice for summer was day camp, mothers thought children of this age could manage by themselves after school as a second choice or go to a neighbor's home as the third. The most frequently mentioned preference for children aged 9 to 12 for summer was day camp, followed by care by sitters, then by relatives living in the home. Mothers said, however, they preferred to have these children stay by themselves after school although sitters and neighbor's homes were also mentioned by a number of mothers. Mothers thought teenagers should be able to stay by themselves after school and summers, although some mothers still preferred care by sitters and relatives, parricularly during the summer. The extent to which the arrangements cited were,

in fact, unrestricted preferences and the extent to which they were governed by reality considerations is not known. That the latter is strongly reflected in these choices is suggested by the kind of arrangements currently being used.

In order to identify the attributes of the mother and of her situation which are associated with her satisfaction with child care, a number of these variables were correlated with two scales: one consisting of the mother's average rating of satisfaction with current child care arrangements and the other, her average rating of other (that is, terminated) child care arrangements used since her WIN referral.[1] All of the correlations were quite low; all but two (reported below) failed to exceed .20, the magnitude necessary for significance at the .05 level.

The variable most highly correlated with satisfaction with current child care was the mother's perception of the effect of her participation in WIN on her child ($r = .25$). Mothers who were more satisfied with their child care were more likely to feel that their children were helped or at least not harmed by their WIN participation. Cleveland residency[2] was negatively associated ($r = -.22$) with satisfaction with current child care, as was the age of the youngest child needing care ($r = -.15$). The negative association between Cleveland residency and satisfaction with child care may be partly due to the preponderance of preschool age children in Cleveland. Having made definite child care plans at the time of referral to WIN was also positively but not significantly associated with satisfaction ($r = .15$). The better educated the

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[1] As previously indicated, these data include all mothers using child care arrangements regardless of age of child. Consequently, some of the correlations differ from those presented in Chapter VI, which was limited to mothers who had child care arrangements for at least one child under 13 years of age.

[2] This was a dummy variable contrasting Cleveland with Chicago and Detroit.

mother (r = .17) and the less mobile she was (as measured by the length of residence in her present home) (r = .16) the better satisfied she was likely to be with her child care arrangements. Since the great majority of the arrangements used were informal ones, such as self-care or care by relatives and neighbors, possibly the greater familiarity the less mobile mothers presumably had with their neighbors and their surroundings afforded them the opportunity to be more selective about caretakers and more at ease about leaving their children alone.

Only one factor of interest--previous unsatisfactory child care--was found to be significantly correlated with the mother's satisfaction with other child care arrangements (that is, terminated arrangements) used since the WIN referral, although three other factors were close to significance. A correlation exceeding .23 would be significant at the .05 level. Mothers who had had unsatisfactory child care experiences were less likely to be satisfied with other child care used while in WIN (r = -.24). The satisfied mothers were also likely to feel relatively more in control of their lives, as measured on a powerlessness scale (r = .19). While the mothers' rating of the WIN components was positively associated (r = .21) with satisfaction with other child care, her level of participation in WIN was not (r = -.21). That is, the mothers who stayed in WIN longer and participated more actively were less likely to have been satisfied with these terminated arrangements. Apparently this was a group of highly motivated women who were able to find more satisfactory child care arrangements in order to continue their participation in WIN.

Although job optimism, job motivation, attitude toward WIN at Time 1 and Time 2, and perception of the effect of their participation in WIN on their home life were positively associated, as one would expect, with satisfaction with other child care, these correlations were even smaller.

CHAPTER IX

EFFECT OF CHILD CARE ON PARTICIPATION IN WIN

Since a mother's inability to make or maintain child care arrangements may preclude or hinder her participation in WIN or in the labor market, it is important to estimate the extent of child care problems among WIN enrollees and to understand their relative influence when compared to other factors affecting participation. Pertinent data are available not only from the sample of AFDC mothers, but also from interviews with welfare caseworkers and WIN team members conducted as part of the larger study.

Staff Perceptions of Child Care Problems

Responses to questions aimed at eliciting the extent to which welfare caseworkers perceive child care as a major problem to AFDC mothers revealed that 62 per cent of the caseworkers saw child care problems as barriers to employment for mothers in their caseloads. Over two-thirds of the workers indicated that the availability of child care was an important determinant in their decision to refer or not refer "all" or "most" of their clients to WIN. The most frequent reason for negative feedback to caseworkers from clients referred to WIN involved problems with child care.[1]

WIN team members found child care problems to be prevalent among their female enrollees. In response to a query concerning how often referrals to WIN

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[1]Reid, Decision-Making in WIN, pp. 82-83.

are inappropriate because of such problems, 69 per cent replied "often" and another 7 per cent said "always." Not unexpectedly then, over three-fourths of these workers said child care was a problem with either many, most, or all of their enrollees. Ninety per cent of the team members believed that child care was "often" or "always" an obstacle to the typical female WIN enrollee in getting a job.

When asked about reasons for child care problems they encounter among their enrollees, WIN team members cited, among other reasons, difficulties mothers have in obtaining child care payments from welfare. City differences were significant. Three-fourths of the Chicago team members cited inadequate, delayed, or irregular payments as one of the problems their female enrollees have with child care. The comparable figure for Detroit team members was 35 per cent. The Cleveland workers were the least aware of this type of problem as only one of the 16 workers mentioned it.

Child Care and Program Status

A fifth of the women in the sample who were not enrolled in WIN (n = 77) or who had dropped out (n = 50) gave lack of child care as a reason in response to a question where multiple responses were permissible. When these two groups (that is, never enrolled and dropped out) were separated, the major reasons given for not having enrolled were: never heard from WIN (38 per cent), heard from WIN but unable to go at the time (25 per cent), health reasons including pregnancy (24 per cent), got a job on their own (16 per cent), and child care problems (12 per cent). Major reasons cited for dropping out of WIN were: sickness, disability, or pregnancy (48 per cent) and child care problems (30 per cent).

Of the mothers who participated in WIN, approximately half said they

had major problems which made their participation difficult. More of these women (25 per cent) cited problems with child care than any other single problem. Other frequently mentioned problems included problems with health, transportation, and incentive checks.

At Time 2, all of the women in the sample were asked about possible barriers to employment; multiple responses were allowed. The results showed that a fourth of the mothers perceived child care as such a barrier.

Cross-tabulations of the mothers' status in WIN at Time 2 (that is, never enrolled, dropped out, still in, or finished WIN) with some child care variables produced rather interesting findings. Several of these cross-tabulations did not result in significant associations as expected. These included satisfaction with current child care, satisfaction with other (terminated) child care arrangements, presence of a caretaker in the home, previous unsatisfactory child care experience, number of children needing care, presence of children with special problems, and middle class orientation toward child rearing at Time 1.[1]

The four groups of mothers differed significantly ($p < .01$) on having had definite child care plans at the time of referral. The mothers who had finished WIN ($n = 12$) were much more likely to have made child care arrangements at Time 1, while those who had not been enrolled were least likely to

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[1] "Orientation toward child rearing" was measured by using 13 of the 14 items from the Parental Attitude Research Instrument found by Radin and Glasser to be most sensitive to class differences when tested with middle class white mothers and lower class black mothers. The item which dealt with inconsiderateness of the husband was excluded because it did not seem relevant for most AFDC mothers. The appendix contains the items used. For a discussion of this use of the PARI scale, see Norma Radin and Paul Glasser, "The Use of Parental Attitude Questionnaires with Culturally Disadvantaged Families," Journal of Marriage and the Family, XXVII(August, 1965), 373-82.

have made arrangements. This finding is not surprising in view of the disproportionate number of women in the Detroit sample who had not yet enrolled in WIN. In that city, child care was discussed at the time of enrollment due to the long time lag between referral and enrollment. In addition, since mothers of preschool age children were generally not referred child care was not viewed as quite the major problem in Detroit as in the other two cities.

The groups of mothers obtained different ratings on the middle class orientation toward child-rearing at Time 2 ($p < .05$). Of the women who obtained low scores on this scale, the largest proportions were in the never enrolled and dropped out categories. The still-in-WIN group had the largest proportion of high scores while the women who had finished WIN were concentrated in the middle range of scores. When scores obtained at Time 1 and at Time 2 were compared for the four groups, it was found that significant changes ($p < .01$) occurred only for the still-in-WIN mothers. The responses of this group were considerably more "middle-class" at Time 2. While it seems risky to conclude that a genuine change occurred in these mothers' attitudes, it seems safe to infer a change in their knowledge or perception of socially desirable attitudes in this area. The WIN program may have a general educative or socializing effect upon its participants.

Significant differences were found among the three relevant groups in their ratings of the child care arrangement aspect of the WIN program ($p < .001$). While the mothers still in WIN rated this aspect as "excellent" or "good" and those who had finished WIN rated it as "good" or "fair," the mothers who had dropped out were more likely to rate this aspect of the program much lower. Twenty-seven per cent of the drop-outs gave this aspect a "poor" rating.

The drop-outs were also much more likely than the other three groups to

believe that child care problems would keep them from getting jobs ($p < .02$). As one would expect, the completers were least likely to perceive child care as a barrier. These perceptions may have been reflections of their current and recent experiences with child care.

The groups also differed ($p < .01$) when compared on the age of their youngest child needing care. For this analysis, the "still-in" and "finished-WIN" categories were combined into a single category of "continuers." One major source of variation occurred between the never enrolled group and the other two, as the former had fewer preschool age children. This is primarily an artifact of the referral procedure in Detroit as mothers with preschool age children are generally not referred. The other major source of variance occurred between the drop-outs and the continuers in the percentages of youngest children under 3 years of age. Half of the mothers who had dropped out had at least one child under 3 years as compared to only a third of the mothers who were still in or had finished WIN.

While the great majority of women in all categories said they preferred working to staying at home, the drop-outs had by far the largest percentage of women who preferred to stay home ($p < .05$). In fact, a fourth of the drop-outs preferred staying at home. When all of the reasons were listed for their preferences, no significant differences were found among the groups. However, again almost a fourth of the drop-outs, as contrasted with much smaller percentages in the other groups, said they wanted to stay home to be with their children. (Preference for working is discussed in the next section.)

The data on the drop-outs tend to suggest that women with very young children, unless highly motivated to work, may be poor risks for work training programs like WIN. This seems to be true regardless of their ability to make

child care arrangements that are satisfactory to them; the child care the drop-outs had used was just as satisfactory to them as was that used by the other groups. The age of the youngest child seems to be a more important determinant of the motner's participation in WIN than are a number of other child care variables including the number of children needing care or the presence of children with special problems.

Factors Related to Participation

In order to evaluate the effect of child care on the mothers' participation in WIN and to place it in perspective, it is helpful to consider some of the other variables related to participation. The larger study provides the needed information; some of its relevant findings will be summarized.[1]

First of all, the evidence suggested that the majority of the women in the sample welcomed the chance to participate in WIN. Half of the mothers said they had initiated their referral to WIN and most of the remaining women expressed a positive reaction to the referral. In fact, almost three-fourths of all respondents (in response to a multiple choice question) said they were "very pleased" at having been referred, an additional 17 per cent said they were "pleased," 7 per cent gave a neutral response, and only 2 per cent indicated that they were displeased. Even after taking into account the social desirability tendency that was probably operating, it seems safe to conclude that the reaction to referral was positive for most of the sample.

At the same time, most of the women thought steps would be taken to force their entry into the program if they refused. Less than half (44 per cent)

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[1]Data reported in this section will appear in William J. Reid and Audrey D. Smith, "AFDC Mothers View the Work Incentive Program," Social Service Review, in press.

thought "nothing would happen" if they refused to enter WIN. The other 56 per cent foresaw some pressures or penalties, such as being taken off AFDC altogether, having their check cut or withheld, or being talked into or put in WIN anyway.

When asked what they wanted most from WIN, almost three-fourths of the women replied "jobs." Most of the women who responded otherwise said they wanted vocational training, presumably in order to get a job at some point. Eighty-four per cent of the women in the sample said they preferred working to staying at home. The major reasons given for this preference were: to increase available income and for the "psychological" benefits of work. Mothers giving the latter reason tended to view work as more interesting and emotionally rewarding than staying at home. However, as indicated by these responses, the type of work envisioned was not the low level jobs they had had in the past. When asked specifically about the kind of jobs they would like or dislike, the great majority expressed a dislike for low skilled, low prestige jobs such as private household worker and waitress. Their preference was clearly for higher skilled, higher prestige jobs such as medical technician and stenographer for which they realized they would need training.

A look at the women's experience in WIN--from data collected 8 to 10 months after the initial interview--provides a basis for understanding their attitudes toward the program at Time 2. Of the women who had been enrolled in WIN, 35 per cent had been in educational components only, 26 per cent in job training components only, 6 per cent in both educational and job training, and a third had received neither education nor job training. Mothers "still-in-WIN" at Time 2 (n = 122) were asked what they were currently doing in the program. Almost half (48 per cent) said they were in educational programs, 14 per

cent were in job training programs, and 35 per cent said they were "waiting"--usually for openings in educational or training programs--or simply doing "nothing." Inter-city differences were significant ($p < .01$) as only a fourth of the Chicago respondents, as opposed to almost half of the Cleveland respondents, reported that they were "waiting" or doing "nothing."

When all respondents who had participated in WIN were asked to indicate their overall degree of satisfaction with the program on a rating scale, the results were as follows: 41 per cent described their program experiences as "very satisfactory," 40 per cent as "somewhat satisfactory," and 19 per cent as either "somewhat" or "very satisfactory." In an attempt to determine what factors were associated with the mother's general assessment of her WIN experience, the attitude toward WIN at Time 2 scale (described in Chapter VI) and a number of other measures based upon data collected at Time 2 were factor analyzed. The strongest factor emerging from this analysis appeared to describe both the client's experience in WIN and her attitude toward the program. The variables most highly loaded on this factor were: attitude toward WIN team members (.77); level of participation in WIN (.75); attitude toward WIN at Time 2 (.70); and perception of amount of choice in WIN (.49). Although various interpretations are possible, it seems reasonable to conclude that the enrollee's level of participation was the antecedent factor--that placement in inactive statuses adversely affected the mother's attitudes--rather than the converse.

Data on job placements--the goal of WIN--seems relevant here. Of the 261 women reinterviewed at Time 2, only 9 had secured jobs through WIN, usually after completion of a vocational training program. A larger number--approximately 16 women, most of whom had not enrolled in WIN or had dropped out--had found jobs on their own. The records of the women still in WIN at Time 2 were

examined 11 months later at Time 3 (approximately 21 months after the initial interview). Of the 81 Detroit and Chicago respondents[1] still in WIN at Time 2, an additional 5 women apparently had completed WIN successfully and had found jobs. Thus, it took almost 2 years to enroll, train, and place 11 per cent of the original sample enrolled in the two most active programs of the three studied. All but one of these women had come from the Chicago program.

Assessment of the Effects of Child Care

These findings indicate that many factors are related to the mothers' participation in WIN. One of the most salient seems to be program activity--a factor over which the WIN program can exert some control. The data suggest that probably many of the variables act in concert to determine a mother's participation.

Certainly the relationship between child care and participation appears to be complex. While child care is undoubtedly one of the most critical and pervasive factors involved in determining a mother's participation in WIN, it too seems to act in conjunction with other factors in this regard. That is, in the presence of other unfavorable (possibly only marginally so) conditions, a problem with child care may tip the balance in the direction of precluding or terminating a mother's WIN career. By the same token, the availability of child care that is satisfactory to the mother will not, in itself, guarantee an enrollee's continued participation in WIN. The issue of child care, then, needs to be approached not only from the standpoint of identifying and facilitating forms of child care mothers will utilize, but must also be placed in context--that is, seen as only one factor (albeit a crucial one) in a compli-

[1]Corresponding data were not available for Cleveland.

cated equation predicting work training or labor market participation.

CHAPTER X

THE OVERLOADED ROLE SYSTEM OF THE WIN MOTHER

The inadequacies of the theoretical model initially proposed in this study were discussed in Chapter VI. All of the hypotheses of the model were found to be untenable. However, that model served as a valuable heuristic tool, providing a framework for organizing the many diverse variables of interest and suggesting one seemingly logical--even self-evident--way of viewing and explaining the data.

One purpose of the initial model was to provide a theoretical link between the mother's child care responsibilities and her participation in a work training program. As was noted, the independent variable used in this attempted linkage--the mother's satisfaction with child care arrangements--proved to be a poor choice. In retrospect, an additional error was made in assuming that child care factors in isolation could account for a significant amount of variance in the mothers' participation.

In this chapter an attempt will be made to develop a rather different view of the impact of such factors on the AFDC mothers' involvement in work training programs or in the labor force. The theoretical model to be set forth was not derived from the results of the study. Rather it was developed from the writer's reflection on these results--or the lack of them in certain instances. The model does offer, she thinks, a more fruitful way of accounting for the complexities of the data and of the phenomena studied than would a set

of conclusions based on the findings obtained.

A System Model

The AFDC mother may be viewed as operating in an overloaded role system. Without working or participating in a training program, her roles include head of the household, mother, only parent (which is more demanding than being one of two parents), housekeeper, and welfare client. A program like WIN superimposes upon this constellation the roles of enrollee and trainee, and possibly at a later time, the role of employee.

While the number of roles may not seem excessive in view of the many roles the average person assumes, the overload in the case of the welfare mother becomes apparent when one considers the nature of some of these roles and the conditions under which they must be enacted. The role of welfare client in our society is psychologically debilitating. In carrying out this role, the mother must endure humiliation, much red tape, and long waits for services which are frequently inferior. Conditions of poverty under which these mothers live add to their burdens. Not only must they make do with inadequate incomes but they must contend with poor housing, deteriorated neighborhoods with high delinquency and crime rates, inferior schools, and lack of transportation. Since a disproportionate number of the poor are also members of minority groups, discrimination is often a problem. In addition, families in poverty have more than their share of poor health and mental and physical handicaps. The welfare mother is frequently poorly educated, lacking in marketable job skills, and suffering from a poor self-concept. These are some of the handicaps that the AFDC mother has in trying to fulfill her primary roles, no mean achievement if she is able to do so with a reasonable degree of success.

The additional roles imposed by WIN overloads this role system for many

of these mothers because none of the adversive conditions have been changed. The $30 per month incentive and allowances to cover the cost of public transportation to and from the training program and the cost of child care (within limits) serve primarily to help offset the new burdens added by the new roles of enrollee and trainee. The dual career of homemaker and WIN participant must be managed by the low-income mothers without the supports and resources available in varying degrees to middle class mothers. Needless to say, welfare mothers cannot afford housekeepers or even occasional domestic help, labor-saving appliances, the more quickly prepared but more expensive foods, and rarely do they have husbands or another adult in the household to help with the house and children. When child care is viewed within this context of multiple and problematic roles, limited capacities, and lack of resources, the planning and implementation of substitute care for children is another burden that is added to the already overloaded system of roles and responsibilities.

To illustrate some of the additional burdens that the utilization of a child care arrangement may impose, let us consider a hypothetical (but not atypical) WIN mother with two children, one of preschool age and the other of school age. She must get up very early in order to get herself ready to go to a job training program and her children dressed and fed. After getting them dressed to go out, she takes the children by bus to her mother's where the preschool age child will stay all day and from where the school age child will leave for school, return for lunch, and stay after school. The mother then goes to her job training site, via public transportation, where she puts in a full working day. In the evening she retraces her steps, first to her mother's to pick up the children, then home to prepare dinner, wash dishes and do other household chores, take care of the children and later get them to bed, then

prepare for the next day before finally going to bed herself. Occasionally, the pattern varies; sometimes a child gets sick and cannot be taken out of the house or her mother cannot keep the children because of having to go to the clinic. (Free health clinic visits usually take the better part of the day.) At such times the mother must often stay home herself as alternate child care resources are rarely available. Other forms of child care may pose different problems for the mother. For example, day care centers are not as flexible regarding hours of care, serve children only within a limited age range, and have no provisions for ill children. Or having children come home alone after school and stay by themselves may cause the mother worry about their safety and their ability to get along together when left unsupervised.

A small percentage of AFDC mothers do manage these multiple roles remarkably well and the family may receive a net gain in benefits. Another group of women do not attempt to try this complicated role pattern or soon give up defeated. It is suggested that the notion of system overload applies to the majority of women in work training programs like WIN and, with possibly some modification, to most low-income working mothers.

Such a framework provides a different perspective for viewing child care than the simplistic one usually taken. Rather than attributing non-participation to lack of child care arrangements with the concomitant solution of providing more child care resources, the writer is proposing a more complex system-oriented approach in which child care is viewed as contributing to the process of cumulative burdening. While increasing the supply of child care resources may be desirable, it is not, in this view, a sufficient solution to most welfare mothers' ostensible problems with child care. Provision of such

resources does not bring about a net decrease in the mother's role burdens since she is exchanging her role as day-time mother for the role of day-time trainee or employee. In fact such an exchange probably adds to the overload since the mother is given new responsibilities of planning and overseeing the substitute care of her children.

This perspective also adds another dimension to the consideration of the effects on the children of the mother's working or involvement in a job training program. How well the mother is able to manage her multiple roles and her attitude about them will affect the children regardless of the adequacy of the arrangement. In many cases the mother's attempts to perform these roles will be at some sacrifice not only to herself but to her children as well. Overburdening of the mother would be expected to affect the children adversely.

Findings of the present study and of the larger study can be explained by the proposed model. For example, the high dropout rate and the diversity of reasons cited for premature termination are accommodated by the view of the AFDC mother in an overloaded system. The mother herself might not have known why she was unable to perform the functions expected of her. In some cases, problems with child care arrangements may have been perceived as the last straw by overburdened mothers. Other mothers, succumbing to generalized feelings of burden but in the absence of a specific identifiable difficulty, probably projected their inability to cope on child care problems, a psychologically and socially acceptable reason for not working or participating in training programs. In still other instances, health or other problems were probably utilized in like manner, either consciously or unconsciously on the part of the mothers.

The notion of system overload is consistent with and lends support to

the major recommendations of the larger study. One of the recommendations of particular relevance to the present study is that only mothers who clearly volunteer for WIN should be accepted for the program.[1] Leaving aside moral issues regarding compulsory participation, only the mother can weigh the costs and benefits to herself and her family of her participation in work training programs or in the labor market.

Provision of Child Care Services

The reformulation of the relation between child care and participation in training programs and the job market illuminates the fallacy involved in the belief currently held by legislators and program planners that provision of enough day care facilities will dramatically increase the number of AFDC mothers in the labor market. A danger of this simplistic approach is that it may lead to the creation of mass day care programs of dubious quality that mothers would be expected, if not pressured, to use simply because they have been brought into existence. Even if recognition is finally given to the fact that day care centers as presently conceived will not meet the needs of many families and more flexible and varied approaches are taken in providing child care, the model proposed above suggests that forced use of the resources will be unsuccessful and will have undesirable consequences for mothers and children.

Publicly supported child care facilities and services are needed for mothers who want to get training and work. The major contribution that adequate and good quality child care resources could make to welfare and other low income populations would be the substitution of quality care for some of the problematic arrangements that would otherwise be used. However, the provision

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[1]Congress, however, seems to be moving in the opposite direction, that is, toward mandatory participation.

of adequate child care should be viewed in the perspective of a necessary supportive service for mothers who choose to work or participate in job training programs. The provision of these services in no way helps to alleviate the fundamental problem of system overload characteristic of welfare mothers. Amelioration of the basic problem cannot be achieved without such resources as adequate income, housing, schools, and medical facilities.

The results of this study indicate that a wide array of child care services are needed for both in-home and out-of-home care. The majority of mothers in the sample both used and preferred informal, in-home arrangements. Their major reason for dissatisfaction with child care, when dissatisfaction existed, was the inconvenience of the arrangement--presumably out-of-home care in many instances. The concession made to convenience in all too many cases was having the children come home alone after school and stay by themselves until the mother returned. Methods need to be devised to help mothers find and utilize suitable caretakers. This includes providing adequate child care payments, developing and training pools of caretakers, and matchmaking or broker services to put mothers in contact with qualified caretakers.

Regarding formal care, more licensed family and group day care homes should be developed. There is particular need for comprehensive, educationally oriented, child care centers designed to meet the child care requirements of the whole family. Such centers would provide not only programs for preschool age children but before-and-after school and summer programs for older children. Teenagers could be used as aides after school and summers. Features such as flexible and extended hours, the provision of two or even three hot meals, the development and maintenance of a roster of home care aides in case of illness and emergencies, should be included if maximum utilization is to be

obtained. The inconvenience inherent in the use of traditional day care centers would diminish if the need for multiple arrangements per child or per family is eliminated. Not only should all day care homes and centers be evaluated prior to licensing but ongoing supervision is needed to insure that they continue to meet high standards of safety and care.

While the writer holds the conviction that mothers should have maximum autonomy in deciding about the care of their children, including the right to stay home with them, this study indicates the need for educational counseling for mothers who choose to work. Mothers need to be apprised of available child care alternatives and encouraged to consider carefully their plans from the standpoint of the individual children's needs as well as from needs of the entire family. After plans have been made, supportive services should be given to help mothers maintain these arrangements. For example, procedures involved in paying for child care should be improved in order to avoid delays and irregularities in payments. Payment schedules should be adequate to encourage high quality care.

Implications for Future Research

The theoretical model developed in this chapter indicates the futility of looking at factors one at a time in an effort to explain variables related to the AFDC mother's behavior regarding work and training. The model directs attention to the mother's total role set for an understanding of these complex variables. Thus, instead of asking, "What is the effect of child care on AFDC mothers' participation in work training programs?" a more fruitful inquiry would be, "What combination of factors restrict or facilitate the AFDC mothers' participation in work training programs?" In the latter context, child care factors are a subset of the total array of factors interacting with one another to affect participation.

A feasible research approach might be to first evaluate the mother's total role set. This would include ascertaining what the various roles are and assessing the deficiencies in resources and the mother's capacities for carrying out these roles in order to obtain a measure of system overload (that is, the degree of overburdening on the mother). Within this framework, each role and the responsibilities involved in that role would be examined closely.

To illustrate, responsibility for child care planning and implementation is one aspect of the maternal role for a working mother or one participating in a work training program. A focus on child care would involve a detailed examination of : 1) the various tasks mothers must assume in this area; 2) the consequences of carrying out these tasks for other roles and for the mother's psychological and physical well-being; and 3) the effect of other roles, responsibilities, and problems in the mother's life situation on child care. Examples of the first aspect mentioned are locating and arranging substitute care, assessing the quality of the arrangement, transporting the children to and from the day care facility, making alternate arrangements for use during temporary or permanent breakdowns or when a child is ill, and coping with problems in the arrangement. The second aspect may be illustrated by drain on the mother's energy, worry about the quality of care or the effect on the children, loss of time from work, and increase in housework. Examples of the third set of factors are long and inconvenient working hours, health problems of the children, and unavailability of satisfactory child care arrangements.

According to the suggested research strategy, each role and all of its components would need to be analyzed in a similar fashion. Attempts could be made to assign weights to the factors--facilitating and restraining--involved in carrying out the responsibilities and tasks of these roles and components.

The weights could be assigned on the basis of importance in the fulfillment of the respective roles and, together with knowledge about the value the mother places upon that particular role or role aspect, weights could be given according to the relative importance of that factor to the mother's participation in the work training program. In view of the inter-relatedness of factors, role components, and roles, consideration of the mother's total role set is necessary for any meaningful discussion of effects on program participation.

The approach described here requires the use of qualitative research methods; adequate quantitative techniques have not been developed for this kind of system analysis. Such a study of the welfare mother's role set would provide necessary data for identifying needed supportive services if these mothers are to work or participate in training programs. A comparative study of welfare mothers and middle class working mothers would provide even richer data--that is, better indicators for ascertaining the relative importance of factors studied as well as more conclusive evidence of needed services and resources for welfare mothers.

CHAPTER XI

SUMMARY

This study was concerned with the child care arrangements of AFDC mothers participating in the Work Incentive Program (WIN), a large scale federal work training program whose goal is job placement of AFDC recipients. The purpose of the study was to test a set of interrelated hypotheses centered around the mothers' satisfaction with child care and, additionally, to address a series of questions about the child care arrangements used. Three hypotheses were derived from a theoretical model based upon findings from related research and upon a priori expectations:

1. Degree of satisfaction with child care arrangements is associated with certain characteristics of the mothers: specifically, degree of satisfaction is associated positively with state of health, level of education, recency of work experience, attitudes about mothers' working, optimism about working, and middle class attitudes; and negatively with feelings of powerlessness, family size, age of children, and number of children with special problems.
2. Satisfaction with child care arrangements and attitude toward the work training program are positively related.
3. The more satisfactory the child care arrangements are to mothers, the more likely they are to participate in the work training program.

The study was a part of a larger investigation of decision-making in WIN undertaken by a consortium of schools of social work. The study was confined to WIN programs in three cities: Chicago, Detroit, and Cleveland. A sample of AFDC mothers was obtained by taking consecutive referrals to these programs from a designated date until the desired size was reached although a variation in this procedure was necessary in Detroit. Structured interviews conducted by trained interviewers were used to collect the data. The initial interview with AFDC mothers occurred after referral but prior to enrollment in WIN (Time 1). Eight to ten months later, 261 of the original sample of 318 women were interviewed a second time (Time 2).

In addition to background characteristics, data collected at Time 1 included information on the mothers' experiences, preferences, and current plans regarding child care arrangements and attitudes about referral to WIN. At Time 2, data were obtained on the child care arrangements used, the mothers' satisfaction with the arrangements, their attitudes toward WIN, and their activities, progress, and problems in the program. In both interviews, the mothers' attitudes toward child rearing and perceptions of the effects of maternal employment were elicited.

Findings

The typical (median) client in the sample had been receiving public assistance between 3 and 4 years at the point of referral to WIN. Ninety per cent were black. Their ages ranged from 17 to 59 years, with a median of 32 years. While the great majority had some high school education, less than a third had completed high school. Nine out of 10 women had been employed at some time, the majority having been out of work for less than 2 years.

The results of the study failed to support the hypotheses. While this was

partly attributable to the homogeneity of the sample and to bias leading to faulty premises regarding welfare mothers, the major reason for lack of confirmation was the failure of the model to take into account the complex nature and interrelatedness of factors related to the AFDC mothers' participation in WIN.

The study yielded a great deal of information on child care arrangements, the mothers' level of satisfaction with substitute care, and factors related to WIN participation. At Time 1, 86 per cent of the original sample needed some form of child care for a total of 600 children. Forty-four per cent of the mothers had at least one preschool age child. The typical mother had to plan for two children although some mothers had as many as 6 or 7 children requiring care. In WIN, the AFDC mothers assume almost total responsibility for child care planning and implementation but receive allowances for the cost of care.

The findings indicated that most AFDC mothers both used and preferred in-home care for their children. In general, preferred arrangements varied according to the age of the child and closely followed the pattern of actual utilization. Informal arrangements in which a relative or sitter cared for the children in the children's home were the most popular. Day care centers were preferred for children ages 3 to 5 years. As children approached adolescence, mothers preferred having them stay by themselves after school.

At Time 2, 60 per cent of the mothers were using child care arrangements for a total of 400 children. Virtually all of the children ages 13 and over took care of themselves outside of school hours. Specified arrangements used for younger children (infancy to age 12) were: care by a friend, neighbor, or sitter (31 per cent); care by a relative other than the child's father or siblings (19 per cent); self-care (12 per cent); care by siblings (12 per cent);

day care centers, nursery schools, and Headstart programs (8 per cent); and care by the child's father (5 per cent). Only 13 per cent of all the arrangements used involved licensed caretakers or facilities.

On the whole, the mothers reported that they were quite satisfied with these arrangements. Sixty-one per cent of the arrangements were rated as "very satisfactory," 33 per cent as "satisfactory," 4 per cent as "unsatisfactory," and 2 per cent as "very unsatisfactory." The unsatisfactory arrangements were primarily self-care and care by siblings of children under 13 years of age. The most satisfactory arrangements for children under 13 years were child care centers and care by the child's father or another relative. Reasons most often given for satisfactory ratings were: the affectionate relationship existing between the child and the caretaker, belief that the child gets good care and supervision, and the caretaker's trustworthiness and dependability. The reasons mentioned most often for dissatisfaction[1] were poor physical care and supervision and the inconvenience of the arrangement.

Trying to ascertain the effect of child care on participation in WIN is a complex undertaking. While problems with child care are frequently reported by welfare workers, WIN personnel, and the mothers themselves as a barrier to participation (second only to health problems for program dropouts), analysis of the association between child care factors and the mothers' status in WIN at Time 2 failed to produce many significant findings. Among the variables not significantly related to status were the mothers' satisfaction ratings of current and of terminated arrangements, presence of a caretaker in the home, previous unsatisfactory child care experience, number of children needing care,

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[1]Based upon data concerning terminated child care arrangements of which 27 per cent were unsatisfactory.

presence of children with special problems, and attitudes toward child rearing at Time 1. However, the drop-outs were more likely to have a child under 3 years of age ($p < .01$) and to prefer staying home primarily to be with their children as opposed to working ($p < .05$).

Data from the larger study suggest that the majority of the women in the sample welcomed the opportunity to participate in WIN as they wanted higher level jobs than they had had in the past. At Time 2, only 9 women out of the total sample had obtained jobs through WIN. Of the women who had enrolled in WIN, less than a third had received job training by Time 2 although another third had been in educational components. The larger study concluded that placement in inactive program statuses adversely affected the enrollees' attitudes about WIN and its personnel.

Conclusions

The present study concluded that many variables--including child care--act in concert to determine a mother's participation in WIN. A new model was proposed to account more adequately for the complexities and interrelatedness of the relevant predictor variables. The theoretical framework suggested depicts the AFDC mother participating in the labor market or in a job training program as operating in an overloaded role system. Overburdening of the mother results from her efforts to fulfill her multiple roles--some of which are exceedingly difficult ones--under the handicaps of poor health, limited education, lack of job skills, and inadequate income. A strategy was developed for study of these interrelated factors and their impact upon the welfare mother's participation in work training programs or in the labor market.

Probably the major recommendation of both the present study and the

larger investigation is that participation in the labor market and work training programs should be clearly voluntary for welfare mothers. Aside from value considerations, compelling mothers to participate is not practical. In view of the very low rate of successful job placements in WIN and the sacrifices many mothers must make in order to participate, it seems sensible to concentrate on the highly motivated recipients.

Recognizing that mothers should have maximum autonomy in deciding about the care of their children--including staying home with them--three recommendations were made concerning child care services and resources needed to aid mothers who want to work or get training. One recommendation was to develop child care services to facilitate and improve the quality of informal care of children (that is, care in their own homes and in the homes of relatives and neighbors). A second proposed the development of flexible, comprehensive, educationally oriented centers designed to meet, in so far as possible, the child care needs of the whole family. This suggestion takes cognizance of the needs of school age children and problems involved in multiple arrangements. The third recommendation was to offer planned educational counseling to mothers regarding child care considerations initially and throughout the program as necessary. The need for program supports to help mothers maintain their arrangements and adequate payments to encourage quality care was pointed out.

These recommendations must be placed in proper perspective: they suggest the provision of supportive services and resources to help alleviate an additional burden placed upon AFDC mothers who participate in work training programs or in the labor market. The implementation of these recommendations could be expected to have only modest impact unless accompanied by fundamental changes in the conditions and quality of the lives of AFDC mothers.

THE CHILD CARE PARTNERSHIP OF GOVERNMENT AND FAMILY: A CASE FOR CONSUMERISM?

Dorothy Herberg

THE CHILD CARE PARTNERSHIP OF GOVERNMENT AND FAMILY: A CASE FOR CONSUMERISM?

by

Dorothy M. Herberg

Many families in the United States are linked intimately to the federal government because they receive financial aid. This link is even more intimate when substitute child care is needed because of work attached to receiving this aid. The enrollment of ADC mothers in the Work Incentive Program (WIN) is an example of this relationship. The nexus of family and government in the child care arena poses a variety of problems for both the government and the families thus partnered. In this context, how consumer-oriented can the provision of services be? Can family-demand remain the main determiner of services? The problems and ramifications of the partnership are extremely complex. In this paper the emphasis is on child care resources and the parent-users rather than the government side of the partnership.

The precise choice of child care arrangements by the family can be considered a solution to what Emlen has called "the complicated equation of family life."[1] A particular choice of arrangements is a response to a specific set of conditions at a given time. The responses vary to meet changing conditions--especially the normal maturation of children and the consequent changing modes of child care. Perhaps equally complex is the problem

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[1]Arthur C. Emlen, "Realistic Planning for the Day Care Consumer," I, Social Work Practice, 1970 (New York: Columbia University Press, 1970), p. 128

of governmental administration of a substitute child care program. Presumably bureaucratic realities in superintending a massive, nation-wide child care program stress the need for "accountability." By accountability is meant equality between geographic areas, equality in service and fiscal efficiency. Accountability is easier when services are diagnosed through a formal arrangement instead of an informal one. For child care, this may mean that it is provided in centralized, formal group settings rather than in individual, dispersed ones; where care-givers are governmentally licensed rather than unlicensed; and where payments are sent directly to care-givers rather than the parent-users.

Only somewhere down the line from accountability other factors, such as quality care, parental self-determination, and diversity in resources, are ascribed value. Given these conditions, several vital issues have emerged concerning the relative responsibilities and privileges of the welfare agencies versus ADC parents. First, given the "complex equation of family life" on the one hand, and on the other the need for accountability by the bureaucracy, what kinds of problems do and can arise? Second, are the more formal arrangements of child care that are preferred for bureaucratic reasons the same kind of care parents want? Finally, what issues would be raised in a study of day care consumerism? The focus here on these questions has its derivation from early results of a comparative study conducted over the past three years of the WIN programs in Detroit, Cleveland, and Chicago.[1] Data from this study are used illustratively here. In the Appendices are com-

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[1] William J. Reid, ed., Decision-Making in the Work Incentive Program. A final report submitted to the Office of Research and Development, Manpower Administration, U.S. Department of Labor. (Chicago: School of Social Service Administration, The University of Chicago, March, 1972.)

parative inter-city data distributions.

Some Factors Affecting the Existing Types of Child Care Resources

The extent of day care resources is almost impossible to measure. Day care resources are, in a sense, an infinitely expandable commodity; there is always another relative who could take on the care of a child or another non-working woman down the street who could care for a child in her own home; in both cases they would be counted as a day care resource. In a like vein, there may be day care centers which are grossly underused. The underuse is generally not measured. Thus day care resources here are measured in terms of reported use of the resources; i.e., in terms of actual child care arrangements. At the time of Florence A. Ruderman's 1964 national study of the child care arrangements of working mothers, reported use of child care resources showed roughly 400 informal child care arrangements to each formal arrangement. The terms informal and formal are used more precisely in a later section; in brief, however, by formal arrangement is meant one that takes place in a center or a licensed day care home while informal ones include care by a relative or babysitter in the child's home or care in an unlicensed home.[1]

Although there has been an increase in formal settings for care since Ruderman's study, there is no reason to suppose that the proportion of informal to formal has radically altered: day care extended in informal sites far outnumbers the care given in formal settings.

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[1]Florence A. Ruderman, Child Care and Working Mothers: A Study of Arrangements Made for Daytime Care of Children (New York: Child Welfare League of America, Inc., 1968), Table 49, "Type of Child Care Arrangements Made by Working Mothers," p. 212. This writer is assuming that roughly 10 per cent of day care homes are licensed.

Why has the development of resources proceeded in this skewed fashion? Many reasons can account for this including lack of knowledge about what constitutes the best care; negative attitudes about working mothers; non-universalistic provision of day care services; complex licensing procedures; characteristics implicit in the different forms of care; and personal preferences by care users.

The issue of day care for children of working mothers is an amorphous one. None of the sciences of applied fields from which child welfare work draws has provided theoretical knowledge sufficient to make judgments about the adequacy of most forms of supplementary care.[1] For example, there is not now sufficient knowledge to determine what difference, if any, it makes to a child if he or she is cared for by a grandmother, a babysitter, a sibling, a day care center, or a variety of caretakers. This information would be useful but is lacking. Most expertise has been directed at the formal center, but even here there is much debate about the needs of children and how well the formal center can meet them.[2]

The provision of day care is also hampered by a commonly negative attitude toward mothers working; the implication is that if more day care is provided, more mothers will work--thus increasing the evil. Hence, it is argued, if day care centers are discouraged, perhaps the problem will diminish.[3] Another negative influence derives from the history of organized care. Day care centers originally became identified as a charitable service

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[1]Ruderman, Child Care and Working Mothers, p. 17.

[2]Elizabeth Prescott and Elizabeth Jones, "Day Care for Children; Assets and Liabilities," Children XVIII(March-April, 1971), pp. 54-58.

[3]Ruderman, Child Care and Working Mothers, pp. 52-59.

for children of poor, husbandless working women. "Nurseries," though, were for all children and were a social and educational supplement to the home, not a reflection of inadequacy or failure in the family structure or functioning.

A further hindrance to the development of formal centers has been the historical non-universalistic stance by welfare agencies toward day care. In general, social welfare services since the nineteenth century were directed primarily to distinctive sectors of the population, such as the "worthy poor" or the indigent aged, and have not been applied to all of the population as a matter of right.[1] Today, client-mothers who seek day care supported by public welfare agencies must endure an "evaluation" process in which all factors concerning her family are "assessed." Apart from the pejorative implications ascribed to those applying for these day care services, this process effectively has assured that existing child care resources have remained small, far smaller than required to meet the need.

Another factor in the skewed distribution of formal and informal child care settings has been the licensing procedure. Modern efforts to ensure quality substitute child care have resulted in complex requirements for licensing by State and local governmental departments. These licensing requirements, along with local zoning ordinances, have produced a monument of red tape to be surmounted by care givers in homes or formal centers. One result is that most care is given on unlicensed premises. This situation has produced both action by the Federal government to simplify regulations[2]

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[1] Ruderman, Child Care and Working Mothers, p. 20.

[2] A three-phase national study of day care licensing is sponsored jointly by the Office of Child Development and the Office of Economic Opportunity with CONSERCO as project consultant.

as well as questions about the validity of licensing at all.[1]

Apart from the scarcity of formal facilities, there are numerous problems restricting full utilization of even the present relatively scarce resources; use is frequently restricted to certain hours, days, age groups, and/or children with special problems. Additional strictures on full utilization originate in users' transportation problems to and from such centers, and the lack of care when the child is sick. Even if this were not sufficient, Ruderman also documented the "negative image" of day care centers by many mothers, and she suggested little is now being done to counter such an image. From her study she described beliefs mothers have that child care centers are impersonal, lacking affection or warmth; that there is excessive structure and stimulation and that they are too much like school; that conditions exist that represent dangers to health; that there is a focus on problem families or the socially inadequate.[2] Nevertheless, 82 per cent of the black mothers Ruderman studied who were using informal arrangements said that they probably would use a formal day care center if such a facility existed near them.

In spite of Ruderman's finding on black mothers, there are several kinds of evidence that informal arrangements actually are preferred. In the comparative study of WIN programs in Chicago, Cleveland, and Detroit, a question on preferred child care by age of child showed informal arrangements preferred for every age child.

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[1]Arthur C. Emlen, "Slogans, Slots, and Slander: The Myth of Day Care Need," a paper presented at the 49th Annual Meeting of the American Orthopsychiatric Association, Detroit, Michigan, April, 1972.

[2]Ruderman, Child Care and Working Mothers, pp. 304-19.

In different research by Pittman[1] of Operation Alphabet at Philadelphia, in which ADC mothers were enrolled in a training program, licensed day care homes found by welfare workers for the mothers in the program were generally rejected by these mothers in favor of retaining the more informal arrangements the mothers themselves had already found.

In an excellent study of the child care arranged by working mothers, Emlen[2] pointed to the problem of underenrollment suffered by many formal day care centers. He suggested a lack of congruence between existing programs and existing needs, and that quality of care is not the sole condition determining use of day care resources. Balanced with perceived benefits to the user and the child are the realistic requirements for arrangements

> . . . that are conveniently located, flexible in hours, responsive to emergencies, dependable and reasonable in cost. Equally compelling may be the desire for arrangements that are congenial in values, socially approachable, comfortably familiar and that have manageable contractual and personal realtionships.[3]

He summed up the issue facing the researcher:

> Each arrangement may be seen as a unique solution for a complicated equation of family life in which beliefs and aspirations are balanced by social experience and the force of circumstances.[4]

It seems reasonable that the informal arrangements made by mothers are generally much more responsive to the complex needs of families and better solve the "complex equation of family life" than is possible with formal

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[1] Audrey Pittman, "Planning for the Day Care Consumer," II, Social Work Practice, 1970 (New York: Columbia University Press, 1970), pp. 142-48.

[2] Emlen, "Realistic Planning," p. 135.

[3] Ibid., p. 137.

[4] Ibid., p. 128.

facilities. In respect to dimensions such as convenience, flexibility, congruence with mothers' values, and approachability, informal child care arrangements thus appear to be much more appealing than organized facilities, especially to low-income mothers, whether on ADC or not. None of these dimensions, however, seem to have been dealt with by experts on childhood, who consider only the quality of care for children and who, therefore, stress formal arrangements because of the potential in formal centers for applying organized expertise.

However, even informal arrangements have flaws, because an equation of such complexity requires a rather special solution to fulfill all dimensions at once. Since most child care consumers do not have available a large pool of existing child care prospects to choose from, the arrangement chosen will probably involve compromise with the ideal arrangement preferred. For example, to achieve comfort in the relationship with the child care tender and congruence with a mother's values, she may sacrifice reliability in the child care arrangement, since a child care provider with whom she feels comfortable, with whom she has value congruence, and who also is totally reliable for uninterrupted child care may pose conditions impossible to meet, given the existing range and amount of services. The durability of this child care arrangement will depend on how problems arising from unreliability are resolved. Making other arrangements will be difficult if a "congruence of values" has great weight in the mother's "equation of family life." An empirical in-depth consideration of these equations would be helpful so that day care planning can be considered in the context of knowledge about them. It should be noted at the onset, however, that study of these "equations of family life" is for research purposes and not envisioned now as

part of the field worker's job. The equations are very complex, and some way of simplifying them is needed. The eventual day care planning may mean either moving the mother to greater comfort with high formalism arrangements or it may mean making the informal arrangements more adequate or both.

The important point for consideration is the enormous amount of child care carried out under informal auspices, i.e., arrangements on a private basis among private individuals that have no organized community, group or agency involvement. Is the apparent existing choice of informal arrangements actually a forced choice because of the scarcity of quality formal centers, or are informal arrangements truly preferred? A consumer-oriented service requires knowledge about family preference, and at this time very little is known about family preference. However, a glance at middle-class child care arrangements in Ruderman's study[1] illuminates how a more nearly consumer-oriented system would work. Middle-class people have more money than welfare recipients and buy their own services. They, hence, exercise more control over the child care arrangements of their children. Choices under these conditions can be made more nearly in line with personal preferences than those made with little money or where child care is paid directly to the care-giver. Ruderman's study shows there is some variation in reported child care arrangements between different SES levels and especially by race, but in general, informal arrangements are used by middle-class people as much as by lower-class people (although the mode of informal care varies between SES levels). Thus, people with some control over their child care arrangements show a strong preference for informal arrangements. It would,

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[1]Ruderman, Child Care and Working Mothers, Table 51, "Child Care Arrangements by SES and Race," p. 219.

then, seem important in a consumer-oriented day care service to allow use of informal arrangements. One of the paramount issues from the government side of the partnership is, if a massive day care program does emerge from the pending Family Assistance Program Bill,[1] how readily will the mothers for whom it is intended move away from informal arrangements. A rudimentary analysis of some of the issues follows.

A. What kinds of problems do and can arise from the government-family nexus in the child care arena?

Obviously, the range of philosophic, actual, and potential practical problems are very great. What is outlined here illustrates only one way these problems might be analyzed.

The typological scheme presented here on the problems is a conceptual rather than a strictly empirical one. That is, not all the data are yet available on all concepts. Presumably, continued research will sharpen and revise the actual form of the typologies forwarded here. Notwithstanding the eventual content or form, at least two issues logically confront the management of substitute child care. The first is the problem of a client-mother separating from her child for a part of each workday, while the second pertains to agency workers bringing mothers to the point of moving into patterns of child care that are acceptable to a governmental agency, especially as regards fulfilling eligibility requirements for receiving child care money. The initial typologies represent these issues. A third problem, only briefly alluded to in this paper, encompasses the dimensions of helping client-mothers to make optimum use of available child care resources and the

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[1] Edward F. Zigler, "A National Priority: Raising the Quality of Children's Lives," Children XVII(September-October, 1970), pp. 166-70.

different helping strategies that arise in this process.

Before any typologies are presented, a problem related to typology formation should be noted. It is not at all clear yet whether client-mothers themselves, or the problems experienced by client-mothers, are the proper focus of analysis. The advantage of making problems the basic unit of analysis is that logical categories of problems and non-problems can be formed. However, in real life these logical categories can easily overlap in the same mother, e.g., a mother may separate easily from a child if the child remains at home but not if the child must leave home each day to go to another setting. At the outset, however, logical categories of problems and non-problems are set out; following later research experience, it may be possible to develop categories that refer to mothers rather than problems, using clusters of child-care usage traits.

The typologies considered here are of a very simple form. The variables considered are: (1) the mother's problems in daily separating from her child; (2) her willingness and ability to select and utilize a care plan that meets governmental directives; (3) her preferred substitute child care arrangement; and finally, (4) some miscellaneous problems of child care, grouped together. For the sake of delineating concepts and to operationalize "accountability," the dimension of "formalism" in child care plans is concentrated on in this report. By formalism is meant the degree to which a child care arrangement is characterized as conducted by a professional or paraprofessional in a licensed, organizational context such as a child care center or group care home. A plan of low formalism is one using unlicensed relatives, neighbors, friends, or someone else in the child's own home or the child-tender's home with care rendered exclusively for that mother's child(ren).

1. Types of Issues From the Viewpoint of Agencies with Work Requirements for Mother Receiving Financial Aid.

Thus far five issues have been identified that agency workers face in enrolling ADC mothers in programs enabling mothers to work or to take work-training courses. Each is briefly identified here, and later, panel data from the three-city project are applied to corroborate the validity of these typologies.

Type 1: Separation from children.

Type 1A: Some mothers find it difficult to separate from one or more of their children for the daily duration needed for work or for training.

Type 1B: No apparent serious separation problems.

Type 2: Use of care plans with low formalism.

Type 2A: Some mothers are not easily brought to use plans of higher formalism; prefer low formalism.

Type 2B: Can be brought to use plans of higher formalism.

Type 3: Use of plans with a mixture of high and low formalism, e.g., uses licensed day care mother for pre-schoolers and neighbor keeps an eye on school-age children.

Type 4: Use of plans with high formalism.

Type 4A: Some mothers use it reluctantly because no informal resource is available.

Type 4B: Prefers it.

Type 5: Miscellaneous problems.

Types 1A and 2A in this scheme present management problems of a type that occur early in the WIN enrollment process. It is possible that women reluctant to separate from their children (Type 1A), to some extent, are pre-selected out at time of referral, e.g., a woman who communicates reluctance to work and/or leave her children may not be referred to WIN by the

district caseworker. In support of this idea it can be noted that district caseworkers in the study sample tended to believe that mothers of small children should not work.[1] However, some existing and likely future programs require ADC mothers without pre-school-age children to work or take training. Women who cannot move from their desire for plans of low formalism (Type 2A) are not likely to be identified at referral as are women who are reluctant to separate from children unless there is an explicit inquiry by the agency worker into this question. The three-city study has some data (presented below) that may provide clues concerning Type 1A but not Type 2A issues.

Of the remaining issues, Types 2B, 3, 4A, and 5 may present a variety of problems later in the work or training enrollment phase--problems that concern not the separation from children or using types of care congruent with program directives, but instead relate to the interface of the client system with limitations in child care resources themselves, e.g., no provision for sickness of the child, or unusual problems of a child, inadequate coverage because of the hours the child care facility operates, and so forth. Putting the issue another way, if the child care arrangements that are acceptable to agencies were perfectly flexible, able to meet all idiosyncracies of individual mothers' and children's wants and needs, theoretically there would no longer be any problems in child care regarding Types 1B, 2B, and 4.

In any case, other problems yet exist that lie outside these theoretical boundaries--for present purposes called Type 5. For example, the

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[1]Reid, Decision-Making, Chapter 5.

client may displace problems not related to child care originating elsewhere in the WIN program onto the child care area. Other problems comprise inputs from extended family that may be a hazard to the arrangements already made, e.g., a grandmother enters the situation and insists that the child should be home with her rather than in a center. Also, other problems may be located with the children themselves. Finally, a mother herself may change in some significant way--in her physical or mental health, in her attitude to the WIN program, or to the child care arrangement itself.

2. Use of Tri-City Study Data to Test Typologies of Problems in Child Care Usage.

Research was initiated in 1969 on the decision-making of key participants in the WIN program--caseworkers, enrollees, and WIN team personnel. Investigators from three schools of social work conducted the study, collaborating on research design and instruments and thereby permitting simultaneous replication. Chicago, Cleveland, and Detroit were the study cities. Of primary interest here are the ADC client variables studied as an integral part of the overall decision-making process. Potential WIN enrollees were initially interviewed prior to enrollment in the WIN program (Time 1). All 261 clients were ADC mothers actually engaged or expecting to be engaged in educational or job-training programs. They were re-interviewed (Time 2) six months later. At Time 2 only 71 per cent of the original client sample had actually been enrolled in WIN. Table 1 in the Appendix summarizes some of the inter-city variation in client characteristics. It should be noted that panel data were not then collected specifically to emphasize the child care issues, which emerged later in the research; therefore, the available data are often incomplete or superficial.

Data from the tri-city study can be used first to test the actual need for the systematic approach to predict some problems inherent to the government-family nexus in substitute child care, i.e., whether child care actually represents a problem for this population of sufficient magnitude to warrant systematic examination. Second, these data permit a test of the accuracy of the typologies outlined here.

a. Is there a need to predict and analyze some of the problems inherent in governmental sponsorship of substitute child care?

Evidence from Time 2 provides compelling affirmation to the need for examining child care problems where financial aid is linked to work requirements of mothers. Of 27 client-respondents who dropped out of the WIN program, 89 per cent reported child care problems as one of the main reasons. None of the WIN organizations in any of the three cities performed better than the others in preventing the deleterious consequences from child care problems, nor, from the data, did any of the three agencies' staff possess the expertise needed to prevent the drop-out consequences.

Other indications of need for a systematic approach to child care issues are somewhat indirect. Of those clients with child care arrangements acceptable to the agencies at Time 2 re-interview, just under one-third rated their arrangements as only "fair" or "poor" in quality. Moreover, of those clients ever enrolled in WIN at Time 2, only 10 per cent said that WIN helped to make the child care arrangemnts, with 25 per cent naming "welfare" as the helper. The remainder, nearly two-thirds of the study group, either had arranged it themselves or were assisted in this by relatives or neighbors.

These data from the client-oriented portion of the three-city research

are supplemented by the perception of 77 per cent of the WIN team personnel studied that "all," most," or "many" clients had problems with child care. The nature of the child care problem varies widely, but one-third of the responses from WIN team personnel indicated inadequate payments as the source of the problems.

b. Is there any evidence that the logical typology of problems conforms to the real world of problems?

Evidence for the existence of these problems from panel data was uneven. Some support for them, however, did emerge:

(1) Type 1A: Finds it difficult to separate from one or more of her children. One question in particular may operationalize the problem of separation from children. At Time 1 of the panel study, clients were asked if it would be particularly problematic to leave their children in someone else's care. Eighteen per cent responded affirmatively. However, this kind of response had little predictive power in terms of the proportion who finished the WIN program or dropped out, though slightly more of the "Yes" group never were enrolled in WIN (34 per cent compared to 28 per cent). It may be that if a woman can verbalize this difficulty, it will then not be a problem. Those who cannot verbalize the difficulty or are not aware in advance that they will have this difficulty may present problems in child care management.

Less direct evidence of Type 1A problems came from a question about whether they believe that mother's work helps, harms, or has no effect on children. Forty-one per cent of the sample said that work harms children. Finally, to the question whether the respondent would rather work or stay at home, 12 per cent said they would prefer to remain home. Between the

41 per cent who viewed mother's work as harming a child and the 12 per cent who wanted to stay home, there were 29 per cent who may have wanted to work but felt that this could have harmful effects on their children. In retrospect, it would have been interesting and fruitful to ask if adequate child care arrangements would have alleviated the concerns these women had, thereby reducing the social costs they bore from being in the program. But, investigative foresight was not then sufficient to inquire about this.

(2) Type 1B: No serious separation problems. Eighty-two per cent of the mothers said it would not be hard to leave any of the children. Nineteen per cent of the respondents saw mother's work as "helping children," while an additional 40 per cent saw it as neither helping nor harming. Although women responding that working was either beneficial or not harmful to children were most preponderant, it nevertheless cannot be assumed that there are not fluctuations in a mother's comfort about leaving her children. It is suspected that their comfort will to a large degree depend upon their perception of the adequacy of the child care their children receive. The social costs perceived by these women will vary inversely with their comfort. Presumably, where such costs are high, participation in the program is jeopardized.

(3) Type 2A: User arrangements characterized by low formalism. It is impossible to distinguish Type 2A (those who cannot easily move into more formal arrangements) from Type 2B with the data collected thus far. In one of the study cities (Cleveland), the WIN program directives excluded paid substitute child care from all but highly formalized child care--in homes or day care centers. In the other two cities, informal arrangements by clients with relatives, neighbors, etc., were acceptable and paid for

through the WIN program. Overall in the cities, including even the restrictions in Cleveland's directives, all but 15 per cent of the clients were actually using or planned to use informal arrangements at Time 1 of the study. What is not yet known is the proportion of those who use informal arrangements who would then or now be willing to change to more formal types of care. Ruderman[1] found that of her black respondents who were using informal arrangements, 82 per cent would have been willing to change to child care centers. If this proportion held true of WIN mothers, Type 2A would constitute 18 per cent of the sample.

(4) Type 3: Uses plans of a mixture of high and low formalism. Although exact data on this type are not available from the panel study, the issue is of interest for at least two reasons. First, families with children with a range of ages may use multiple modes of care, involving high and low formalism, for children of differing ages. All but 14 per cent of the study respondents had children with such an age spread. In addition, formal child care centers may not cover the entire duration of a mother's absence, and so informal arrangements to cover other periods of mother's absence need to be additionally employed. Second, the problems in managing substitute care increase when several different plans are needed, especially if the site of one arrangement is not the child's home. It can be assumed that when substitute care involves meshing the schedules of several people, there is an increased chance for problems to arise.

(5) Type 4: Use of arrangements with high formalism. As noted before, WIN directives in Cleveland limit payment of child care to formalized

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[1]Ruderman, Child Care and Working Mothers, p. 306.

settings only--licensed day care homes or centers. As a result, looking at the first plan for each child in the three cities, 38 per cent of the Cleveland sample used formal centers compared to 14 per cent in Chicago and but 9 per cent in Detroit. It is important that even in Cleveland 62 per cent of the mothers still used low formalism arrangements--presumably unpaid by WIN. Mothers in Cleveland are much younger than those in the other two cities: mean age was 27 years, compared to 30 in Chicago and 38 in Detroit. Thus it is possible that many of the young women clients in Cleveland are either living in the same household as their own mothers or retain very close ties with them and other kin, thereby potentially accounting for such a magnitude of unpaid child care help.[1] However, in some cases in Chicago and Detroit, known to the investigator, payment is not made to the kin caring for the child because the kin offering help is also on welfare, and the child care income would be deducted. In a different way non-monetary costs to the client-mother who does not pay for such child care help may be heavy: an unpaid child care service puts the user under an obligation to the giver--perhaps creating stress, e.g., the mother may feel less able to demand the type of child care service she wants when she is not paying for it. The circumstances surrounding paid and unpaid informal arrangements should be investigated in much more detail since the current data are not illuminating on this issue.

(6) Type 5: Miscellaneous problems in child care usage. Again little data are on hand at this time. Notwithstanding, one type of problem that was in evidence in the course of a training program was that those dif-

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[1] It is very difficult to estimate how much care is unpaid; regulations often permit worker discretion to allow payment to care givers not usually covered by regulations.

ficulties clients experienced during their training, unrelated to child care, could easily be ascribed to or be displaced onto child care. For instance, an enrollee who is afraid of failing in her school work may suddenly claim, or actually find, that her child care plan is impossible to cope with and drop out of WIN for "child care" reasons. No data are available on this phenomenon, but in conversations with WIN staff they voiced a frequent opinion that child care problems often masked a wish not to participate in the program. Conversely, the opinion was often voiced that if a client truly wanted to she could solve her child care problem. A systematic approach to child care would permit more accurate diagnosis of this type of problem.

Another influence that can disadvantage a child care plan is inputs from extended family members that weaken arrangements already agreed upon by client and counselor. For example, if a client's relative insists that a child should be home with her, the arrangement may be changed and the financial and social costs to the client for child care may be altered.

Finally, the child may develop a problem, or the mother herself may change in some significant way in her physical or mental health or in her attitude to the training program itself. At the moment, the idea that these problems might impinge on child care is merely speculative.

B. Is the more formal mode of child care--preferred for bureaucratic[1] reasons--the type of care that parents want?

Although this question is frequently asked and there are frequent demands expressed about the need for answers to the question, it is extremely

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[1] "Bureaucratic" and "bureaucracy," as used here, have no pejorative connotations, but are used as a sociologic adjective and noun to indicate a particular level of formal social organization (i.e., versus primary group-informal organization).

difficult to derive valid answers. Several factors make researching this issue very difficult, even questionable. Not only do child care preferences vary by social status, racial, and regional differences, but also by the situational realities with which mothers are faced. Emlen has commented that "a stated preference is a comparative judgment that by itself tells us little about the strength or plasticity of the preference, nor does it tell us on what the preference is based."[1] In another vein, Ruderman suggested that mothers tend to "make peace with the inevitable,"[2] that is, if there is no alternative, they resign themselves to the extant situation. Given this latter stance, it may be difficult through research to elicit preferences that also seem unrealistic.

The Ideal Plan

Notwithstanding these demurrers about the question itself, some tricity data on child care preferences are available. As can be seen in Table 1, child care plans involving elements of low formalism, i.e., use of relatives and in the child's home, are very much more preferred by the respondent-mothers, over bureaucratic child care. When the client-mother-respondents were asked what they thought would be the best day care plan for children whose mothers work or attend school for children of different ages (five categories of 0-2 years through 13 years and older) during both school time and summer time, some interesting patterns emerged.

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[1] Emlen, "Realistic Planning," p. 141.

[2] Ruderman, Child Care and the Working Mother, p. 240.

TABLE 1

PERCENTAGE DISTRIBUTION OF SELECTED CHARACTERISTICS OF IDEAL CHILD CARE PLAN BY AGE OF CHILD IN THE THREE CITIES

Ideal Child Care Plan by Age of Child	Chicago Per cent[a]	Cleveland Per cent[a]	Detroit Per cent[a]	Total Per cent[a]
If child under 3 years:				
Prefer a relative	34	38	53	42
Prefer in-home	66	54	75	66
Formal center	14	27	20	24
If child 3-5 years:				
Prefer a relative	14	12	44	25
Prefer in-home	34	16	59	39
Formal center	45	69	33	47
If child 6-8 years:				
Prefer relative	24	23	37	27
Prefer in-home	47	52	84	62
Formal center	20	28	10	18
If child 9-12 years:				
Prefer relative	19	30	43	30
Prefer in-home	50	62	87	67
Formal center	19	14	8	14
N =	94	63	104	261

[a]Percentages within age groups may add up to more than 100 because multiple responses were permitted or to less than 100 because of omissions of certain categories.

Differences in ideal plan by city can be noted. For example, Detroit mothers are much more likely to prefer a relative in the plan and an in-home plan than women in the other two cities. Some of this preference might be linked to the older age of Detroit mothers and that they have few preschool children. On the other hand, Cleveland mothers are more likely to prefer formal center care, especially for the 3-5 age group.

The Effect of Experience and Satisfaction with Substitute Care on Ideal Plan

While presenting the ideal child care plan that mothers report, the effects of various situational factors on the ideal plan were considered. One factor was the experience with child care that mothers had had. It is reasonable to suppose that experience would influence the nature of the ideal plan.

Over half the respondents (53 per cent) affirmed that they previously had a regular child care plan that lasted for at least several weeks; these respondents were termed the "experienced" group. The median duration of a plan for this group was between one and two years. The respondents were not asked the nature of these previous arrangements, but it is known that most were of the informal type, since bureaucratic facilities are scarce even now and certainly were less available in the past.

Of those with experience, 18 per cent had been dissatisfied with that arrangement. A long list of alternative sources of dissatisfaction was included on the questionnaire, and responses can be summed up roughly as: one-third dissatisfied because of unreliability in the child care person, one-third because of the high cost of the arrangement, and one-third because of transportation problems involved in their arrangements. These three factors--unreliability, cost, and transportation--duplicate three of the most important variables in Emlen's "complicated equation of family life." (See pages 107 and 108 of this report.) Moreover, dissatisfactions were likely to be underreported, especially when the arrangements involved relatives. Inter-city differences on dissatisfaction with previous child care plans (Table 2), indicate Chicago clients reported greatest dissatisfaction and Detroit clients lowest dissatisfaction.

TABLE 2

INTER-CITY DIFFERENCES IN PER CENT DISSATISFIED WITH PREVIOUS CHILD CARE PLAN, BY CITY

City	Dissatisfied with Previous Plan Per cent
Chicago	40
Cleveland	32
Detroit	12

($\chi^2 = 62.88$; df = 2; $p < .001$)

What effect does positive or negative experience or no experience in substitute child care have on the ideal child care plan? The survey question on previous child care plan and dissatisfactions with it produced three analytical groups: the "Experienced Dissatisfied," the "Experienced Satisfied," and the "Inexperienced." Table 3 data depict the relationship between experience in child care arrangements and ideal plan for different age groups of children considered for the plan. As in Table 1, the basic unit of analysis was the mother, who was asked for her ideal child care plan for each of the age groups.

Comparing the three "experience" groups, there is no statistically significant difference in their choice of ideal child care plan by age of child. Overall, the desire for an in-home arrangement was stronger than desire for a relative to be involved. However, there was a trend for the "Experienced Dissatisfied" group not to choose plans that involve a relative or are in-home arrangements. An important exception was for children under age 3, for whom all respondents and especially the "Experienced Dissatisfied" group wanted in-home child care.

TABLE 3

PER CENT SPECIFYING PRESENCE OF RELATIVE AND IN-HOME SITE IN THEIR IDEAL PLAN FOR DIFFERENT AGE GROUPS OF CHILDREN, BY CLIENTS' PRIOR EXPERIENCE WITH SUBSTITUTE CHILD CARE

Group	Experienced Dissatisfied Per cent	Experienced Satisfied Per cent	Inexperienced Per cent
	Ideal Plan Included Presence of a Relative		
Age under 3	40	47	48
Age 3-5	15	26	27
Age 6-8	21	33	26
Age 9-12	23	30	32
	Ideal Plan Included an In-Home Site		
Age under 3	77	64	64
Age 3-5	36	40	39
Age 6-8	48	60	68
Age 9-12	44	67	74
N =	48	102	132

C. Some Comments on a Hypothetical Day Care Consumer Study

These data just presented suggest a strong preference for informal modes of care and, to a lesser extent, some preference for formal modes of care. The question of interest here is to what extent can consumer preference be recognized under conditions of restrictive regulations for paid child care? Ideally, in a consumer study, the preferred plan would be compared with the actual plan existing under the regulations. Discrepancies between the plans could be related to program outcomes for clients or even client satisfaction. Data from the tri-city study can only partially deal with the question because child care arrangement variables were not collected

and developed for a consumer analysis. However, some of the data that were collected led to consideration of some issues that another study, especially developed for the consumer viewpoint, might develop.

In the tri-city study data were gathered on ideal child care plan by age of child (Table 1) as well as current and proposed child care plans (Table 5). One of the analysis problems that arose was that in Detroit the sample had few preschool children. Patterns of care in Detroit are much more informal than in the other cities. This may be due to patterns of child ages or older age of the mothers (older mothers may choose more traditional forms), or it may be due to the greater permissiveness in Detroit toward paid informal care compared with the other two cities. Table 4 displays the distribution of number of children under six in the three cities.

TABLE 4

PERCENTAGE DISTRIBUTION OF CLIENT-MOTHERS BY NUMBER OF CHILDREN UNDER SIX IN THE THREE CITIES

City	Number of Children Under Six:									
	0		1		2		3		All	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Chicago	31	29	28	27	29	28	17	16	105	100
Cleveland	20	29	27	39	22	31	1	1	70	100
Detroit	89	81	18	17	2	2	0	0	109	100
N =	140		73		53		18		284	

A consumer study would need to sample by patterns of child age. The Chicago case above comes closest to a good sampling frame for the case of preschool children. A second major problem is that child care arrangements

are described by characteristics of the mother. Mothers with more children get more weight because their characteristics are attached to each child and hence occur more often. Perhaps some way of getting an "average plan" for each mother needs to be developed so that mothers, rather than plans, become the unit of analysis.

TABLE 5

PERCENTAGE DISTRIBUTION OF SELECTED CHARACTERISTICS OF CURRENT AND PROPOSED PLANS OF CHILD CARE IN THE THREE CITIES

City	Current Care Plan Per cent	Proposed Care Plan Per cent
	In-Home	
Chicago	41	61
Cleveland	53	32
Detroit	80	78
N =	231	247
	$\chi^2 = 17.5$; df = 2; $p < .001$	$\chi^2 = 33.8$; df = 2; $p < .001$
	Relative	
Chicago	42	32
Cleveland	45	18
Detroit	55	52
N =	225	237
	χ^2 not significant	$\chi^2 = 19.8$; df = 2; $p < .001$
	Day Care	
Chicago	8	11
Cleveland	19	40
Detroit	5	9
N =	253	253
	$\chi^2 = 7.6$; df = 2; $p < .05$	$\chi^2 = 30.8$; df = 2; $p < .001$

Comparison of Table 1 and Table 5 exemplifies another analysis problem. In Table 5, the actual and proposed plans of mothers in the study are presented. Comparison with ideal plan, however, is impossible because the latter is not controlled on age of child. Analysis becomes complex when children of the same family fall in one or in several age categories. Data must be coded so that a particular child's plan can be related to a particular ideal plan. A further complication occurs when, in actual practice, mothers' plans will be made not just according to ages of children but will be modified by the realities of planning for all children; there must be some way of taking family composition into account as well as the age of child. For example, a three-year-old who is an only child or the only preschool child in a family may get taken to a day care center. However, if there are a two-year-old and a three-year-old, the three-year-old may not go to the center if the two-year-old cannot go as well because it is too inconvenient to plan for them separately. Therefore, the ideal plan of day care center is not used--not because it is not paid for or not available, but because of a family compositional factor that causes inconvenience. Thus, in sum, manipulation of data involves sampling by patterns of child age; involves the problem of mother characteristics on child care plan; and involves a greater weighting by mothers with several children; it involves the need to analyze actual or proposed plan by age of child as well as ideal plan by age of child and, finally, controls on family composition need to be considered.

A Plea for Consumerism in Day Care

Dimensions of child care that appear to be important to the mother

are location of the care, who cares for the child, and if the premises are certified, licensed, or approved, as in a day care facility. From the family's view, in-home care would have advantages of convenience for the mother and familiarity for the child. Relatives chosen as care-givers may be more approachable and comfortable for the mother and child, and day care centers or group homes would be viewed as at least reliable (high quality care may or may not be present). Any of these considerations, as well as many more, may feature in the mother's decision about the best child care for her family. However, it is precisely in relation to these dimensions that the mother may be blocked by State or local regulations about paid care. Pay for relatives is in some states difficult to obtain and in others, impossible; in-home care may be blocked by restrictions on the child care aide; a convenient neighbor may not be used if she is not licensed; and use of day care centers may be unfeasible because of location or because they have no openings when the mother needs them. Further general discussion of the effect of regulations would be unprofitable at this stage--regulations are very complex, have many provisos that rest on caseworker and local agency discretion, and vary considerably from state to state. A consumer study would attempt to record where agency restrictions affected a plan; it would also need to get at the actual decisions made by caseworkers, agency directors, or others with the power to decide where payments will be made and not rely entirely on the written directives.

Finally, the moral question is: do mothers or do agencies know more about what is best for children? Although accountability is a major factor in the restrictions on child care payments, quality care for children is also given as a reason. However, if agencies believe that formal modes of care

are best for children, then they need to sell this idea to parents. The choice, however, should rest with the parents. The consequences of the poor image of day care centers in this country have to be shared by the government on the one hand, for its past non-universalistic approach, and by professionals on the other hand, for having developed a stigma around the family who uses day care. Both wrongs must be undone, but this should not be accomplished by coercing families into using formal modes of day care if they do not want to use them. Let us redirect the money that would be spent to maintain regulations to the useful task of developing child care services. We need a range of good services; we need freedom of choice for parents; we need consumerism in day care.

APPENDIX

SELECTED DESCRIPTIVE MOTHER-CLIENT VARIABLES
BY STUDY CITY AND TOTAL SAMPLE

Client Variable	City			Total Sample Per cent
	Chicago Per cent	Cleveland Per cent	Detroit Per cent	
Race				
Black	90	84	95	91
White	5	16	5	7
Other	5	0	0	2
Total	100	100	100	100
Region of Origin				
Rural south	38	11	16	23
Urban south	10	16	26	17
North (excluding study city)	9	30	11	15
West	0	1	3	1
Study city	39	42	44	42
Unknown	3	0	0	2
Total	100	100	100	100
Number of Children Under Six				
0	30	29	82	49
1	27	39	17	26
2	28	31	2	19
3	13	1	0	5
4	3	0	0	1
Total	100	100	100	100
Length of Time on Welfare				
6 months	11	7	1	6
6 months - 2 years	40	51	22	37
3 years - 4 years	24	17	17	19
5 years - 8 years	10	21	30	20
9 years or more	15	4	27	17
Unknown	0	0	3	1
Total	100	100	100	100

APPENDIX--Continued

Client Variable	City			Total Sample Per cent
	Chicago Per cent	Cleveland Per cent	Detroit Per cent	
Work Experience[a]				
Least	15	29	26	23
Low	19	34	22	24
Great	31	21	28	27
Greatest	35	16	24	26
Total	100	100	100	100
Number of Family, Friends, Neighbors in City (Summation)				
1 to 6	30	23	14	22
7 to 11	25	33	30	29
12 to 16	27	21	29	27
17 to 39	18	23	27	22
Total	100	100	100	100
Age				
Mean (years)	30	27	38	32
Number of Children				
Mean number	3.87	2.78	3.16	3.32
Number in Household				
Mean number	5.48	4.30	4.89	4.96
N =	94	63	104	261

[a]Work experience was measured in terms of the length of time already spent in the labor force: length of time in job weighted for full and part time work, and summed over four past jobs reported.